

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000032198**

1. Entity Name

FENLASON ACCOUNTING SERVICES & TAXES, INC.



FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90074 004 ***550.00

0143883 AT

Principal Place of Business
2755 NW FEDERAL HWY
STUART FL 34994
US

Mailing Address
P.O. BOX 1890
PT. SALERNO FL 34992

2. Principal Place of Business

3. Mailing Address

PO BOX 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jensen Beach FL

4. FEI Number **65-0483106**

Applied For

Not Applicable

Zip

Country

Zip

Country

34958-0279

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENLASON, JARRED D
2755 NW FEDERAL HWY
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FENLASON, JARRED D
1034 NW PINE LAKE DR
STUART FL 34994

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

7726927229

Date

Daytime Phone #

CR2E034 (4/03)