

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90952 007 \*\*\*150.00

**DOCUMENT # P94000046515**

**1. Entity Name**  
**FIRST FLORIDA ACCOUNTING SERVICES, INC.**



**Principal Place of Business**

~~4020 PARK ST N~~  
~~SUITE 201-A~~  
~~ST PETERSBURG FL 33709~~  
~~US~~

**Mailing Address**

~~4020 PARK ST N~~  
~~SUITE 201-A~~  
~~ST PETERSBURG FL 33709~~  
~~US~~

**2. Principal Place of Business**

**641 49th ST. N.**

**3. Mailing Address**

**641 49th ST. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**St. Petersburg, FL.**

**City & State**  
**St. Petersburg, FL.**

**4. FEI Number** **59-3255036**

**Applied For**  
**Not Applicable**

**Zip**  
**33710**

**Country**  
**USA**

**Zip**  
**33710**

**Country**  
**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**

**TEN EYCK, ALICIA**

~~4020 PARK ST N~~

~~SUITE 201-A~~

~~ST PETERSBURG FL 33709~~

**Name**

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

**641 49th ST. N.**

**City** **St. Petersburg** **FL** **Zip Code** **33710**

**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 date if applicable.**

**ALICIA F. TEN EYCK**

**2/15/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PVPD** ☐ **Delete**  
**NAME** **TENEYCK, ALICIA F**  
**STREET ADDRESS** **4020 PARK ST N SUITE 201-A**  
**CITY-ST-ZIP** **ST PETERSBURG FL 33709**

☒ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS** **641 49th ST. N.**  
**CITY-ST-ZIP** **St. Petersburg FL. 33710**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 F. Ten Eyck**

**2/15/03 727-323-2910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)