

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90217 022 ***150.00

0473391

DOCUMENT # P94000072883

1. Entity Name

CEDAR KEY TAX AND ACCOUNTING SERVICE, INC.

Principal Place of Business

~~413 NE 7TH ST~~
~~TRENTON FL 32693~~
~~US~~

Mailing Address

~~P.O. BOX 96~~
~~TRENTON FL 32693~~
~~US~~

00000411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12421 SR 24
 Suite, Apt. #, etc.
 PO Box 46

3. Mailing Address

PO Box 46
 Suite, Apt. #, etc.

City & State

Cedar Key, FL

City & State

Cedar Key, FL

4. FEI Number

59-3269682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F
~~413 NE 7TH ST~~
~~P.O. BOX 96~~
~~TRENTON FL 32693~~

7. Name and Address of New Registered Agent

Name
 Causey, Kathryn F
 Street Address (P.O. Box Number is Not Acceptable)
 12421 SR 24
 Cedar Key FL 32625

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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PTS | <input type="checkbox"/> Delete |
| NAME | CAUSEY, KATHRYN F | |
| STREET ADDRESS | 413 NE 7TH ST | |
| CITY-ST-ZIP | TRENTON FL 32693 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 12421 SR 24 | |
| CITY-ST-ZIP | Cedar Key, FL 32625 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

(352)
 543-6271

Daytime Phone #

CR2E034 (10/00)