

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90064 038 \*\*\*150.00

**DOCUMENT # P94000079826**

1. Entity Name  
**M.C.A. ACCOUNTING SERVICE, INC.**

Principal Place of Business 4603 WISHART BLVD TAMPA FL 33603	Mailing Address 4603 WISHART BLVD TAMPA FL 33603-2828
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DUUB4000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>220 E. Madison St</b>	3. Mailing Address <b>220 E. Madison St</b>
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Suite, Apt. #, etc. <b>#1040</b>	Suite, Apt. #, etc. <b>#1040</b>
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City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>
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4. FEI Number <b>59-3277244</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33602</b>	Country <b>USA</b>	Zip <b>33602</b>	Country <b>USA</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fes. Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, TERRI M**  
**4603 WISHART BLVD**  
**TAMPA FL 33603**

Name <b>Terri M. Bishop</b>
Street Address (P.O. Box Number is Not Acceptable) <b>9545 2nd St, N.</b>
City <b>St Petersburg FL</b>
Zip Code <b>33702</b>

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 **4/12/00**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPT</b>	<input type="checkbox"/> Delete	TITLE <b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BISHOP, TERRI M</b>		NAME <b>Bishop, Terri M.</b>	
STREET ADDRESS <b>24338 TWIN LAKE DR</b>		STREET ADDRESS <b>9545 2nd St N</b>	
CITY-ST-ZIP <b>LAND O'LAKES FL 34639</b>		CITY-ST-ZIP <b>St Petersburg FL 33702</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **4-12-00** **288-8481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)