

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082048

1. Entity Name

A SOLUTION IN ACCOUNTING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90007 048 ***150.00

Principal Place of Business

Mailing Address

4700 N. STATE RD. 7

4700 N. STATE RD. 7

#221

#221

FT. LAUDERDALE FL 33319

FT. LAUDERDALE FL 33319-5804

US

US

2. Principal Place of Business

3. Mailing Address

2225 N University Dr
Suite, Apt. #, etc.

5251 N.W. 96th Drive
Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33065

Country
USA

Zip
33076

Country
USA

4. FEI Number 65-0533150

Applied For

Not Applicable

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

KENT, DONNA J

4700 N. STATE RD. 7

#221

FT. LAUDERDALE FL 33319

Name

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

5251 NW 96th Drive

City

Coral Springs

FL

Zip Code

33076

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, 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 PD
NAME KENT, DONNA J
STREET ADDRESS 5251 N.W. 96TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

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

TITLE VPD
NAME LAVASTIDA, LOURDES C
STREET ADDRESS 5251 N.W. 96TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

(954) 752-3909

Daytime Phone #

CR2E034 (9/99)