

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**  
 02-12-2001 90004 044 \*\*\*150.00

**DOCUMENT # P95000019509**

1. Entity Name

**TAMPA ACCOUNTING & TAX SERVICE, INC.**

**813157**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6914 E FOWLER AVE  
 SUITE G  
 TAMPA FL 33617

Mailing Address

6914 E FOWLER AVE  
 SUITE G  
 TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

17121 MORRIS BRIDGE RD 17121 MORRIS BRIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THONOTOSASSA, FL

City & State

THONOTOSASSA, FL

Zip

33592-2259

Country

Zip

33592-2259

Country

4. FEI Number

59-3201292

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

PETTIT, SHARON  
 6914 E FOWLER AVE  
 SUITE G  
 TAMPA FL 33617

Name

SHARON FEOK

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

17121 MORRIS BRIDGE ROAD

City

THONOTOSASSA

FL

Zip Code

33592-2259

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTIT, SHARON 6914 E FOWLER AVE SUITE G TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEOK, CHARLES 6914 E FOWLER AVE, #G TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHARON FEOK 17121 MORRIS BRIDGE ROAD THONOTOSASSA, FL 33592-2259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17121 MORRIS BRIDGE ROAD THONOTOSASSA, FL 33592-2259	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

CHARLES FEOK, VP

2/6/00

813-782-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)