

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90240 040 ***150.00

DOCUMENT # P95000024705

1. Entity Name
ACCOUNTING CENTER FOR SMALL BUSINESS, INC.

| | |
|--|--|
| Principal Place of Business 100 S. SEMOLAN BLVD STE B ORLANDO FL 32807 US | Mailing Address 100 S. SEMOLAN BLVD STE B ORLANDO FL 32807 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 4. FEI Number 59-3304493 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**RIVERA, EVELINDA
 814 OLD BARN RD
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent
 Name: **Evelinda Rivera**
 Street Address (P.O. Box Number is Not Acceptable): **608 Cedar Forest Cir.**
 City: **Orlando** FL Zip Code: **32828**

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: DATE: **1-4-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | <input type="checkbox"/> Delete |
|---|----------------------------------|---------------------------------|
| TITLE VP | NAME CINTRON, FREDRICK | <input type="checkbox"/> |
| STREET ADDRESS 608 CEDAR FOREST CIR | | |
| CITY-ST-ZIP ORLANDO FL 32828 | | |
| TITLE P | NAME RIVERA, EVELINDA | <input type="checkbox"/> |
| STREET ADDRESS 608 CEDAR FOREST CIR | | |
| CITY-ST-ZIP ORLANDO FL 32828 | | |
| TITLE | NAME | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|------|---------------------------------|-----------------------------------|
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: DATE: **1-4-01** (409) 281-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)