

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040431

1. Entity Name

A B D ACCOUNTING BY DESIGN, INC.

Principal Place of Business

4930 PARK BLVD.
SUITE 9
PINELLAS PARK FL 33781-3410

Mailing Address

4930 PARK BLVD.
SUITE 9
PINELLAS PARK FL 33781-3410

2. Principal Place of Business

9300 5th Street North

3. Mailing Address

9300 5th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, Florida

Zip

33702

Country

Pinellas

Zip

33702

Country

Pinellas

4. FEI Number

59-3403244

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

GRZYBALA, DAWN W
4930 PARK BLVD.
SUITE 9
PINELLAS PARK FL 33781-3410

Name

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

9300 5th Street North

City

St. Petersburg

FL

Zip Code

33702

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

Dawn W. Grzybala

Dawn W. Grzybala

3/18/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required for reinstating)

DATE

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

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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 NAME STREET ADDRESS CITY-ST-ZIP	VS HENSLEY, EVELYN 4930 PARK BLVD., STE. 9 PINELLAS PARK FL 33781-3410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 5th Street North St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRZYBALA, DAWN W 4930 PARK BLVD., STE. 9 PINELLAS PARK FL 33781-3410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 5th Street North St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, IRENE G 4930 PARK BLVD., STE. 9 PINELLAS PARK FL 33781-3410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 5th Street North St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

Dawn W. Grzybala Dawn W. Grzybala

3/18/00

(727) 217-0510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE