

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014600

1. Entity Name

ACCOUNTAX NETWORK, P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90441 040 ***150.00

Principal Place of Business

Mailing Address

~~2310 NW 3 AVE STE 2~~
~~POMEROY BEACH FL 33060~~
~~US~~

~~2310 NW 3 AVE STE 2~~
~~POMEROY BEACH FL 33060~~
~~US~~

2. Principal Place of Business

6751 N.Federal Highway

3. Mailing Address

6751 N.Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Fl 33487

City & State

Boca Raton, Fl 33487

4. FEI Number

65-0637039

Applied For

Not Applicable

Zip

33487 - - - -

Country

Palm Beach

Zip

33487 - - - -

Country

Palm Beach

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

SABBATINO, JULES J

~~2310 NW 3 AVE STE 2~~

~~POMEROY BEACH FL 33060~~

6751 N.Federal Hwy

Boca Raton Fl 33487

Name

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

City

FL

Zip Code

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 ☐ Delete
NAME SABBATINO, JULES J
STREET ADDRESS ~~2310 NW 3 AVE STE 2~~ 4550 NW 18 Ave #405
CITY-ST-ZIP ~~POMEROY BEACH FL 33060~~ Deerfield Beach, FL 33064

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JULES J. Sabbatino, Pres

4/17/00 561/997-6006

CR2E034 (9/99)