## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 04, 2001 8:00 am Secretary of State

DOCUMENT # P 960 000 329 87					Secretary of State	
1. Entity Nan	~~	0032987			05-04-2001 901	134 044 ***150.00
	CCOUNTING, INC	•				
•	ce of Business	Mailing Address				
	S E 36TH STREE' ORAL, FL 33904		ST N	(PH-9)	C0060455	
2. Principal Place of Business 3. Mailing Address				·	*	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	te	City & State	City & State		4. FEI Number 65-0672854	Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Register	red Agent
EDWARDS, HARMON				Name Street Address (P.O. Box Number is Not Acceptable)		
1411 S E 47TH TERRACE						
CAPE CORAL, FLORIDA 33		33904	904		<u> </u>	Zip Code
8. The above named entity submits this statement for the purpose of changing				stered office or r	<u>-</u> _	
Tax filing ro (See criter	oration is eligible to satisfy its Intar equirement and elects to do so. ria on back)	After MAY 1, Make Check Pay	2001 Fee able to D	California Principal Princip	tate a	\$5.00 May Be Added to Fees
11. TITLE	OFFICERS AN IPST	ID DIRECTORS Delete	12. Title	ĭ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11 Change Addition
NAME STREET ADDRESS CITY - ST - ZIP	K <b>RA</b> MER, FRANZ- 1922 S E 36TH CAPE CORAL, FI	WILHELM STREET	NAME STRE			
TITLE	FS	Delete	TITLE		<del>, , , , , , , , , , , , , , , , , , , </del>	Change Addition
NAME STREET ADDRESS CITY - ST - ZIP	BECK, GEORGE C 5400 PARK ST N ST PETERSBURG,	I (PH-9)		ET ADDRESS - ST - ZIP		
TITLE NAME		Delete	TITLE			Change Addition
STREET ADDRESS CITY - ST - ZIP				· ST · ZIP		
TITLE NAME STREET ADDRESS	, , ,	Oelete .	TITLE NAME STRE			Change Addition
CITY - ST - ZIP		·	CITY	- ST - ZIP		
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STRE	i i		Change Addition
CITY - ST - ZIP				- ST - ZIP		
TITLE NAME STREET ADDRESS		Delete		ET ADORESS		Change Addition
CITY - ST - ZIP		The state of the s		- ST - ZIP	2.0	/
information officer or d in Block 11	n indicated on this report or suppli irector of the corporation or the re or Block 12 if changed, or on an	emental report is true and ac activer or trustee empowered attachment with an address	to execute with all oth	I that my signatur e this report as re ner like empower		de under oath; that I am an and that my name appears
SIGNAT		PED OR PRINTED NAME OF SE	EORGI			27 545 0606