

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080479

1. Entity Name

ALTERNATIVE ACCOUNTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90081 001 ***150.00

Principal Place of Business

Mailing Address

N DALE MABRY HIGHWAY
FL 33618

10913 N DALE MABRY HIGHWAY
TAMPA FL 33618-4112

00080750

2. Principal Place of Business

4253 W. KENNEDY BLVD

3. Mailing Address

4253 W. KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3403322

Applied For

Not Applicable

Zip

33609-2230

Country

USA

Zip

33609-2230

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, ANTONIO III
11959 N FLORIDA AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

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

TITLE PST
NAME GRANAGHAN, PATRICK T
STREET ADDRESS 10913 N DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE VP
NAME GRANAGHAN, FRANCES M
STREET ADDRESS 10913 N DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME GRANAGHAN, PATRICK T ☒ Change ☐ Addition
STREET ADDRESS 4253 W. KENNEDY BLVD
CITY-ST-ZIP TAMPA, FL. 33609-2230

TITLE VP
NAME GRANAGHAN, FRANCES M. ☒ Change ☐ Addition
STREET ADDRESS 4253 W. KENNEDY BLVD
CITY-ST-ZIP TAMPA, FL. 33609-2230

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/2000 813-782-9517

CR2E034 (9/99)