2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 SEP -9 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080479

1. Entity Name
ALTERNATIVE ACCOUNTING, INC.

Principal Place of Business
13902 N DALE MABRY HWY
149
TAMPA, FL 33618

Mailing Address
13902 N DALE MABRY HWY
149
TAMPA, FL 33618

2003 AMENDED

2. Principal Place of Business
4600 W. KENNEDY BLVD.
Suite, Apt. #, etc.

3. Mailing Address
4600 W. KENNEDY BLVD.
Suite, Apt. #, etc.

City & State: TAMPA, FL
Zip: 33679 Country: U.S

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Zip: 33679 Country: U.S.

4. FEI Number: 59-3403322 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUARTE, ANTONIO III
11969 N FLORIDA AVE
TAMPA, FL 33612

7. Name and Address of New Registered Agent
Name: ALBERT M. SALEM, JR.
Street Address (P.O. Box Number is Not Acceptable): 4600 W. KENNEDY BLVD.
City: TAMPA FL Zip Code: 33679

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ALBERT M. SALEM, JR. 9-2-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☒ Delete	TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	GRANAGHAN, PATRICK T	NAME	ALBERT M. SALEM, JR.
STREET ADDRESS	13902 N DALE MABRY HWY	STREET ADDRESS	4600 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	TAMPA, FL 33679
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	700022884737
STREET ADDRESS		STREET ADDRESS	09/09/03--01066--005 **61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT M. SALEM, JR. 9-2-03 (813) 286-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #