2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90009 037 ***158.75

DOCUMENT # P96000086802

1. Entity Name
C.P.A. Support SERVICES, INC.

Principal Place of Business
6828 NW 12th St.
FT. LAUDERDALE 33334

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4631 N.E. 3RD AVE	4631 NE 3RD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL	City & State: FT. LAUDERDALE, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number 65-0707101 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DEBORAH PALLISER
6828 NW 12 STREET
PLANTATION, FL 33313

7. Name and Address of New Registered Agent
Name: DEBORAH PALLISER
Street Address (P.O. Box Number is Not Acceptable): 4631 NE 3RD AVENUE
City: FT. LAUDERDALE, FL Zip Code: 33334

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: Deborah Palliser DATE: 4-25-2000
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBORAH PALLISER, President, 4631 NE 3RD AVENUE, FT. LAUDERDALE, FL 33334 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Deborah Palliser DEBORAH PALLISER 4-25-2000 (954) 566-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #