2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000091042 **DOCUMENT #**

1. Entity Name

ACCOUNTING MANAGEMENT ADVISORS, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90143 001 ***150.00

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	ace of Business NGRESS AVE 'H FL 33461	4175 Suiti	Mailing Address 4175 S. CONGRESS AVE SUITE J LAKE WORTH FL 33461				1 (18 44 18) (18 18) (18 18) (18 18)		 1 1 1 1 1 1 1	1 51111 1101 1 13 5	
2. Principal	Place of Busines	3. Ma	3. Mailing Address								
Suite, Ap	ot. #, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGE	s	
City & Sta	ate	City	City & State				4. FEI Number 65-0703616 Applied For				
Zip		Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name an	d Address of Curre	ent Registere	ed Agent			 _	Nome and Address of New Dr			eu
						Name		Name and Address of New Reg	Jistered A	gent	<u> </u>
THIRALN 1	T, JOAN L		· · · · · · · · · · · · · · · · · · ·			and the second of the second o					
	CONGRESS AV		Street Address			(P.O. Box Number is Not Acceptable)					
SUITE J							-	-			
LAKE WORTH FL 33461					}	City FL Zip Co				Zip Cod	
8. The above	e named entity su	ubmits this statemen	t for the purp	ose of changing its	registered	office or registe	ared ac	gent, or both, in the State of Floric	l la	311 32	
the obliga	ations of registere	d agent.		ord or origing no	registered	onice of registe	sieu ag	gent, or both, in the State of Florid	ia. I am ta	miliar with	, and accept
2121											
SIGNATURE	Signature, typed or or	inted name of registered ag	ent and title if age	linghla #10TF							
		· · · · · · · · · · · · · · · · · · ·	em and me wapp	NOTE	E: Hegistered A	gent signature require	ed when re	einstating)	DATE		
Afte	er May 1, 2003 I	FEE IS \$150.00 Fee will be \$550.0	0 .					9. Election Campaign Finar			00 May Be
Make Chec	k Payable to Fi	orida Department	of State					Trust Fund Contribution.		Adde	d to Fees
10.		OFFICERS AN	ID DIRECTOR	RS	11.	·	ΑΓ	DITIONS/CHANGES TO OFFICE	EDG AND F	VIDECTOR	00 107 44
TITLE	PD			☐ Delete	TITLE			DITIONO/CITANGES TO OFFICE			
NAME	THIBAULT, JO	SEPH L		L Delete	NAME				i	Change	Addition
STREET ADDRESS	320 N DIXIE H	I WY				ADDRESS					
CITY-ST-ZIP	LAKE WORTH				CITY-ST	ľ					
TITLE	STD		 -	Прин		211					
NAME	THIBAULT, JO	AN I		Delete	TITLE				[☐ Change	Addition 🔲
STREET ADDRESS	320 N DIXIE H				NAME						
CITY-ST-ZIP	LAKE WORTH			<u>=</u>		ADDRESS					
	DAIL HOITH	<u> </u>			CITY-ST	-ZIP				_	
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TREET ADDRESS					STREET AL	DDRESS					
CITY-ST-ZIP					CITY-ST-	ZIP					
2. I hereby co	ertify that the info	rmotion avanting with	Na Aleje Zire e I								

I hereby certify that the information supplied with this filling 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 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Sand Aldura SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-357-8885