

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90142 016 ***150.00

DOCUMENT # P97000002191			
1. Entity Name ACCOUNTING SUPPORT SERVICES, INC.			
Principal Place of Business 12615 SOCIAL DRIVE HUDSON FL 34667		Mailing Address 12615 SOCIAL DRIVE HUDSON FL 34667	
2. Principal Place of Business 9515 Sunshine Blvd.		3. Mailing Address 9515 Sunshine Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34654		Country USA	
4. FEI Number 59-3416679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUDSON, BETTY J 12615 SOCIAL DRIVE HUDSON FL 34667		7. Name and Address of New Registered Agent Name: <u>Merlin R. Ledyard</u> Street Address (E.O. No. 12958 is Not Acceptable): 9515 Sunshine Blvd. City: <u>New Port Richey, FL</u> <u>FL</u> Zip Code: <u>34654</u>	
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: <u>Merlin R. Ledyard</u> <u>4/11/03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>D</u> NAME: <u>HUDON, BETTY J</u> STREET ADDRESS: <u>12615 SOCIAL DRIVE</u> CITY-ST-ZIP: <u>HUDSON FL 34667</u>	<input type="checkbox"/> Delete	TITLE: <u>PSD</u> NAME: <u>Tommy W. Gossett</u> STREET ADDRESS: <u>9515 Sunshine Blvd.</u> CITY-ST-ZIP: <u>New Port Richey, FL 34654</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Tommy W. Gossett</u>		SIGNATURE REQUIRED <u>4/11/03 (227) 869-3544</u>	

CR2E034 (10/02)