2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000003573** 1. Entity Name A BY THE NUMBER ACCOUNTING & TAX SERVICE; INC. 05-03-2001 90942 016 ***150.00 Mailing Address Principal Place of Business 664 100TH AVE N 3064 54TH TERRACE S.W. NAPLES FL 34116 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address 664 100th Aue N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3422996 Not Applicable Country - A - Country - _ -\$8.75 Additional 5. Certificate of Status Desired 08 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent laured Welteland WAKELAND, DAVID JR. Street Address (P.O. Box Number is Not Acceptable) 3064 54TH TERRACE S.W. NAPLES FL 34116 OOth 8. The above named entry submits this statement for the purpose of changing As registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PVST** ☐ Delete TITI F TITLE NAME NAME wakeland, david jr 100th Aven STREET ADDRESS STREET ADDRESS 3064 54TH TERRACE S.W. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Change_ ☐ Addition TITLE Delete TITLE NAME NAME WAKELAND, DAVID JR 664 100th Ave N STREET ADDRESS STREET ADDRESS 3064_54TH_TERRACE_S.W. CĪTY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

941-3535358

Daytime Phone #

FILED