


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90281 049 \*\*\*150.00

DOCUMENT # P97000003573  
1. Entity Name  
A By THE NUMBER ACCOUNTING  
& TAX SERVICE, INC.



**DO NOT WRITE IN THIS SPACE**

**90105902**

2. Principal Place of Business  
**1929 Imperial Golf Course Blvd.**

3. Mailing Address  
**1929 Imperial Golf Course Blvd.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Naples, Florida**

City & State  
**Naples, Florida**

Zip  
**34110**

Country  
**USA**

Zip  
**34110**

Country  
**USA**

4. FEI Number **59-3422996**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **David Wakeland Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**1929 Imperial Golf Course Blvd.**

City **Naples** FL Zip Code **34110**

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 David Wakeland Jr. DATE 4/23/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST David Wakeland Jr. 1929 Imperial Golf Course Blvd. Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Marcella Wakeland 1929 Imperial Golf Course Blvd. Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Wakeland Jr. Date 4/23/03 Daytime Phone # 239-596-9739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)