## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State **DOCUMENT#** P97000004033 1. Entity Name 05-15-2002 90066 045 \*\*\*158.75 ACCOUNTING ASSOCIATES OF FLORIDA INC. Principal Place of Business Mailing Address 3223 N. LOCKWOOD RIDGE RD. LO 3223 N. LOCKWOOD RIDGE ROAD L SARASOTA, FL 34234 SARASOTA, FL 34234 659457 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0723316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HERMAN PINTZOW** 3223 N. LOCKWOOD RIDGE RD. LOT 198 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34234 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date 9. This corporation is eligible to satisfy its Intan-FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 gible Tax filing requirement and elects to do so. After/MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. May Be Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition **HERMAN PINTZOW** NAME 3223 N. LOCKWOOD RIDGE RD. LOT 198 STREET ADDRESS SARASOTA, FL 34234 CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition REBECCA J. PINTZOW NAME NAME 3223 N. LOCKWOOD RIDGE RD. LOT 198 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34234 CITY - ST - ZIP CITY - ST - ZIP TTILE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP MLE Delete TILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete πLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete πıε Change Addition NAME MAME STREET ADDRESS STREET ADDRESS 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. 4-30-02 941-251-7512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED