2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030189

1. Entity Name

ABB ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business

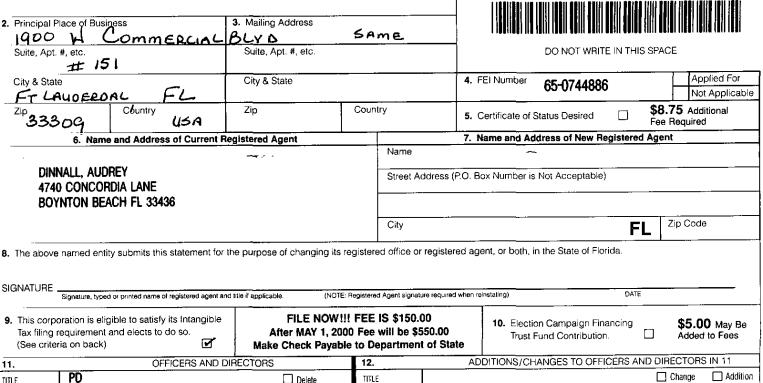
Mailing Address

1500 NW 49TH ST SHITE #500 -

1500 NW 49TH ST. SUITE #500 ET LAUDERDALE EL 33309-3018

FILED Mar 03, 2000 8:00 am Secretary of State

03-03-2000 90264 026 ***150.00



11. ☐ Delete TITLE DINNALL, AUDREY NAME STREET ADDRESS 4740 CONCORDIA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Addition ☐ Change ☐ Delete TITLE TITLE THOMPSON, KEITH NAME NAME STREET ADDRESS 4740 CONCORDIA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

(954) 776-3339

*Daytime Phone #

CR2E034 (9/99)