

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030189

1. Entity Name

ABB ACCOUNTING & TAX SERVICE, INC.

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

03-03-2000 90264 026 ***150.00

Principal Place of Business

Mailing Address

~~1500 NW 49TH ST. SUITE #500~~
~~FT LAUDERDALE FL 33309~~

~~1500 NW 49TH ST. SUITE #500~~
~~FT LAUDERDALE FL 33309 3018~~

2. Principal Place of Business

3. Mailing Address

1900 W COMMERCIAL BLYD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

151

City & State

FT LAUDERDALE FL

City & State

Zip

33309

Country

USA

Zip

Country

4. FEI Number

65-0744886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DINNALL, AUDREY
4740 CONCORDIA LANE
BOYNTON BEACH FL 33436

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DINNALL, AUDREY
STREET ADDRESS 4740 CONCORDIA LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME THOMPSON, KEITH
STREET ADDRESS 4740 CONCORDIA LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

Audrey J. Dinall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00
Date

(954) 776-3339
Daytime Phone #

CR2E034 (9/99)