2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90024 015 ***150.00

DOCUMENT # P97000030189

1. Entity Name
ABB Accounting & Tax Services, Inc.

Principal Place of Business	Mailing Address
1900 W Commercial Blvd Suite 100 Fort Lauderdale, Florida 33309	1900 W Commercial Blvd. Suite 100. Fort Lauderdale Fort Lauderdale.

769836

2. Principal Place of Business		3. Mailing Address	
1900 W Commercial Blvd		Same	
Suite, Apt. #, etc. # 151.		Suite, Apt. #, etc.	
City & State Ft Lauderdale Fl.		City & State	
Zip 33309	Country USA.	Zip	Country

DO NOT WRITE IN THIS SPACE

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
Audrey Dinnall 16 Valencia Drive 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 Audrey A. Dinnall
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Audrey Dinnall, 16 Valencia Drive, Boynton Beach Fl 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 A. Dinnall — 4.30.01 — 954-776-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #