

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90107 039 ***150.00

0006296

DOCUMENT # P97000037508

1. Entity Name
ACCOUNTING BY NUMBERS, INC.

Principal Place of Business
25 OLD KINGS ROAD NORTH
SUITE 6B
PALM COAST FL 32137

Mailing Address
25 OLD KINGS ROAD NORTH
SUITE 6B
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

clo Suzanne Giglio

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14 Alsop Street

City & State

City & State

Valley Stream, ny

Zip

Country

Zip

Country

11581

Nassau

4. FEI Number **59-3444359**

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

GIGLIO, SUZANNE
25 OLD KINGS ROAD NORTH
SUITE 6B
PALM COAST FL 32137

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 *Suzanne Giglio*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-3-01*

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 **D** Delete
 NAME **GIGLIO, SUZANNE**
 STREET ADDRESS **25 OLD KINGS ROAD NORTH #6B**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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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: *Suzanne Giglio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

(904) 446-4075

Daytime Phone #

CR2E034 (10/00)