

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050669

1. Entity Name

ALTRU ACCOUNTING, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90104 019 ***150.00

Principal Place of Business

Mailing Address

8623 REGENCY PARK BLVD.
 PORT RICHEY FL 34668

8623 REGENCY PARK BLVD.
 PORT RICHEY FL 34668-5742

2. Principal Place of Business

9300 REGENCY PARK BLVD

3. Mailing Address

9300 REGENCY PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 PORT RICHEY, FL

City & State
 PORT RICHEY, FL

4. FEI Number 59-3451946

Applied For
 Not Applicable

Zip
 34668

Country
 PASCO

Zip
 34668

Country
 PASCO

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

HASLIM, TRUDY
 8623 REGENCY PARK BLVD.
 PORT RICHEY FL 34668

Name
 TRUDY FIGLEY
 Street Address (P.O. Box Number is Not Acceptable)
 9300 REGENCY PARK BLVD
 City
 PORT RICHEY FL Zip Code
 34668

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

(NOTE: Registered Agent signature required when reinstating)

2/5/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 COODS, CATHLEEN R
 12235 SHADOW RIDGE BLVD
 HUDSON FL 34669 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 10537 FRIERSON LAKE DRIVE
 HUDSON, FL 34669 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HASLIM, TRUDY
 18206 OAKWAY DR
 HUDSON FL 34667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TRUDY FIGLEY
 9300 REGENCY PARK BLVD
 PORT RICHEY, FL 34668 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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: *Trudy Figley EA*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRUDY FIGLEY

2/5/00

727-84-0311

Date

Daytime Phone #

CR2E034 (9/99)