

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079003

1. Entity Name

ACCOUNTABILITIES ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business

Mailing Address

4000 BAY CREST DR
TAMPA FL 33615

4608 BAY CREST DR
TAMPA FL 33615-4902

FILED

Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 002 ***150.00

2. Principal Place of Business

3. Mailing Address

205 E Brandon Blvd

2309 Del Webb Blvd W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

City & State
Brandon FL

City & State
Sun City Center FL

Zip
33511

Country
US

Zip
33573

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3468346

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

MARCH, WILLIAM
4608 BAY CREST DR
TAMPA FL 33615

Name

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

2309 Del Webb Blvd W

City

Sun City Center

FL

Zip Code

33573

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

William March - Pres William March

2/18/00

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 D ☐ Delete
NAME MARCH, WILLIAM
STREET ADDRESS 4608 BAY CREST DR
CITY-ST-ZIP TAMPA FL 33615

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2309 Del Webb Blvd W
CITY-ST-ZIP Sun City Center, FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

William March
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/00

Daytime Phone #

813-654-3700

CR2E034 (9/99)