

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90049 045 ***150.00

DOCUMENT # P97000079182

1. Entity Name
DEVELOPMENT ACCOUNTING SERVICES, INC.

Principal Place of Business Mailing Address
1290 N. PALM AVE. **1290 N. PALM AVE.**
SARASOTA FL 34236 **SARASOTA FL 34236**

2. Principal Place of Business 3. Mailing Address
1937 Golf Street **1937 Golf Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota, FL **Sarasota, FL**

Zip Country Zip Country
34236 **Sarasota** **34236** **Sarasota**

4. FEI Number **65-0810096** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

610000



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODIN, LILLIE E
~~1290 N. PALM AVE.~~ **1937 Golf Street**
SARASOTA FL 34236

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 *Lillie E Bodin* **01-25-01**
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 Delete
 NAME **D**
BODIN, LILLIE E
 STREET ADDRESS **1290 N. PALM AVE.**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE Change Addition
 NAME **DPS**
BODIN, LILLIE E.
 STREET ADDRESS **1937 Golf Street**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE Delete
 NAME **T**
Don Bodin
 STREET ADDRESS **1937 Golf Street**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 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: *Lillie E Bodin* **LILLIE E. BODIN PRES.** **01-25-01** **941-366-7781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)