

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0334274

DOCUMENT # P97000079206

1. Entity Name

ABSOLUTELY AFFORDABLE BOOKKEEPING & TAX SVC., IN

05-23-2001 90479 001 ***300.00

- 73455



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 902 W LUMSDEN RD 902 W LUMSDEN RD
 STE 108 STE 108
 BRANDON FL 33511 BRANDON FL 33511

2. Principal Place of Business 3. Mailing Address

605 W Bloomingdale Ave Suite D Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Brandon Brandon

Zip 33511 Country USA Zip Country

4. FEI Number 59-3476198 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

BICHARD, KELLY M
 513 FIREFLY LANE
 APOLLO BEACH FL 33572

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

Signature, typed or printed name of registered agent and title if applicable. (NOT 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
After MAY 1, 2001
Fee IS \$150.00
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 | P BICHARD, KELLY M 513 FIREFLY LANE APOLLO BEACH FL 33572 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)