

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90067 034 \*\*\*150.00

**DOCUMENT # P97000085451**

1. Entity Name

**NATIONAL ACCOUNTING SERVICE USA INC.**

Principal Place of Business

721 SE 17 STREET  
 FT LAUDERDALE FL 33316

Mailing Address

C/O CLIFF BOWDITCH  
 26 CHICKASAW  
 KANATA ON K2M1M4  
 CA

2. Principal Place of Business

**12800 VONN ROAD**

Suite, Apt. #, etc.

**UNIT 7552**

City & State

**LARGO, FL**

Zip

**33774**

Country

3. Mailing Address

**C/O CLIFF BOWDITCH**

Suite, Apt. #, etc.

**6 APPALOOSA DR.**

City & State

**KANATA, ON**

Zip

**K2M 1N6**

Country

**CANADA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0784649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BOWDITCH, CLIFF**  
**335 SAN ROBERTO DR**  
**TITUSVILLE FL 32780-7286**

7. Name and Address of New Registered Agent

Name **BOWDITCH, CLIFF**

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

**12800 VONN ROAD, UNIT 7552**

City

**LARGO**

**FL**

Zip Code

**33774**

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 **CLIFF BOWDITCH**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEB 5/01**

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

TITLE **PD** ☐ Delete  
 NAME **BOWDITCH, CLIFFORD F**  
 STREET ADDRESS **26 CHICKASAW CR**  
 CITY-ST-ZIP **KANATA ONTARIO, CA K2M1M4**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6 APPALOOSA DR.**  
 CITY-ST-ZIP **KANATA, ONTARIO CANADA K2M 1N6**

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

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

TITLE ☐ Change ☐ Addition  
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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: **CLIFF BOWDITCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 5/01 613-591-0229**

Date

Daytime Phone #

CR2E034 (10/00)