

DOCUMENT # **P98000002344**
1. Entity Name
FUIKS TAX & ACCOUNTING SERVICES, INC

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90134 016 ***150.00

Principal Place of Business Mailing Address
5823 26TH ST W
BRADENTON, FL 34207

2. Principal Place of Business 3. Mailing Address
SAME **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEJ Number Applied For
65-0807731 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
CHARLES O. FUIKS Name
5823 26TH ST W Street Address (P.O. Box Number is Not Acceptable)
BRADENTON, FL 34207 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 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	☐ Delete	TITLE	☒ Change ☐ Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
P.D. JOANN M. FUIKS		CITY-ST-ZIP	
5823 26TH ST W			
BRADENTON, FL 34207			
NAME	☐ Delete	TITLE	☒ Change ☐ Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
CHARLES O. FUIKS		CITY-ST-ZIP	
5823 26TH ST W			
BRADENTON, FL 34207			
NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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: Sec. 5/1/00

CR2E034 (3/99)