

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045571

1. Entity Name

KARA L. DIMOUSH, CPA, P.A.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90986 037 ***150.00

Principal Place of Business

Mailing Address

122 OCEANWALK DR S
 ATLANTIC BEACH FL 32233

1530 SELVA MARINA DR
 ATLANTIC BEACH FL 32233-4677

2. Principal Place of Business

3. Mailing Address

122 Oceanwalk Dr S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOATWRIGHT, SCOTT R
 4209 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32217

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.

(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)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
 NAME DIMOUSH, KARA L
 STREET ADDRESS 1530 SELVA MARINA DR
 CITY-ST-ZIP ATLANTIC BEACH FL 32233

☐ Delete

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☒ Change ☐ Addition

122 Oceanwalk Dr S

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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 empowered.

SIGNATURE:

K. DIMOUSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 904-247-8242

CR2E034 (9/99)