2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91166 029 ***150.00

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DOCUMENT # P98000045571

1. Entity Name

Kara L Dimoush cpa, P.A.

Principal Place of Business | Mailing Address

2. Principal Place of Business: 122 Ocean Walk Dr S
Suite, Apt. #, etc.
City & State: Atlantic Beach FL
Zip: 32233 Country: Duval

3. Mailing Address: 122 Ocean Walk Dr S
Suite, Apt. #, etc.
City & State: Atlantic Beach FL
Zip: 32233 Country: Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593536865 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Scott Boatwright
4209 Baymeadows Rd
Suite 4
Jacksonville, FL 32217

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (required when submitting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Kara L Dimoush 122 Ocean Walk Dr S Atlantic Beach, FL 32233	☐ Delete	PSD Kara L Dimoush 122 Ocean Walk Dr S Atlantic Beach, FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Kara L Dimoush 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE