**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P98000093120  1. Entity Name ACCOUNTING SPECIALISTS, INC.					Apr 12, 2001 8:00 am Secretary of State 04-12-2001 90001 022 ***150.00		
		Mailing Address 3961 SW 82 TERRACE DAVIE FL 33328			52632		LIII <b>45</b> III i <b>lb</b> i
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc:			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0873344	<del></del>	oplied For of Applicable
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add Fee Require	ditional d
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered A	\gent	
WAGGONER, GLENNA S 4031 S.W. 84TH TERRACE DAVIE FL 33328				Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Cod	e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200 Make Check Payable	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGGONER, GLENNA 4031 SW 84 TER DAVIEFORT LAUDERBALE FL 333	☐ Delete	T	P	DOITIONS/CHANGES TO OFFICERS AND  BONER Glemas.  Swiszter  Le, 74 3338	DIRECTORS Change	S IN 11  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n 3 - Garage Ch.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	`
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	this filling does not qualify for the true and accurate and that my wered to execute this report as ith all other like empowered.	he exemption stated signature shall have s required by Chapte	in Section the same r 607, Flor	119.07(3)(i), Florida Statutes, I further cert legal effect as if made under oath; that I a rida Statutes; and that my name appears in	ify that the in m an officer Block 11 or	formation or director Block 12 if