

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90092 037 ***150.00

0172423 AV

DOCUMENT # P99000000962

1. Entity Name

EXPERT ACCOUNTING AND INCOME TAX SERVICE, INC.

Principal Place of Business

**890 N. FEDERAL HWY.
POMPANO BCH FL 33062**

Mailing Address

**890 N. FEDERAL HWY.
POMPANO BCH FL 33062**

2. Principal Place of Business

3. Mailing Address

1701 E ATLANTIC BLVD #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

City & State

Zip

Country

Zip

Country

33060

BROWARD

4. FEI Number

65-0775283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INCARDONA, JOHN
890 N. FEDERAL HWY.
POMPANO BCH FL 33062**

Name

JOHN INCARDONA

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

1701 E. ATLANTIC BLVD #2

City

POMPANO BEACH FL

Zip Code

33060

7. Name and Address of New Registered Agent

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, type 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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **P** ☐ Delete
NAME **INCARDONA, JOHN**
STREET ADDRESS **890 N. FEDERAL HWY.**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

Daytime Phone #

CR2E034 (9/01)