

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/4/

DOCUMENT # P99000012493 Filed February 1, 1999

1. Entity Name

A 1 Accountants, Inc.

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

04-04-2000 90081 022 \*\*\*150.00

Principal Place of Business Mailing Address  
11509 Doctor M.L.King, Jr. Blvd. East P.O. Box 1187  
Mango, Florida 33550-1187 Mango, FL.  
33550-1187

2. Principal Place of Business 3. Mailing Address  
11509 Dr. M.L.K. Jr. Blvd. East P.O. Box 1187  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Mango, FL.

DO NOT WRITE IN THIS SPACE

City & State City & State  
Mango, Florida MANGO FLORIDA 33550-1187  
Zip Country Zip Country  
33550-1187 Hillsborough 33550-1187 Hillsborough

4. FEI Number 59-3559775 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
George T. Eldridge  
Post Office Box 1187 (11509 Dr. M.L.King, Jr. Blvd. East)  
Mango, Florida  
33550-1187

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code 33550

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)

**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 \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President, Treasurer, Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lillie Mae Eldridge		NAME		
STREET ADDRESS	Post Office Box 1187		STREET ADDRESS		
CITY-ST-ZIP	Mango, Florida 33550-1187		CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George T. Eldridge		NAME		
STREET ADDRESS	P.O. Box 1187		STREET ADDRESS		
CITY-ST-ZIP	Mango, Florida 33550-1187		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 George T. Eldridge March 27, 2000 George T. Eldridge, Secretary 813-684-3399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)