

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027267

1. Entity Name
ACCOUNTING FIRST, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90524 009 ***150.00

Principal Place of Business

**815 SMOKERISE BLVD.
PORT ORANGE FL 32127**

Mailing Address

**815 SMOKERISE BLVD.
PORT ORANGE FL 32127**

2. Principal Place of Business

4601 Rosewood Drive
Suite, Apt. #, etc.

3. Mailing Address

4601 Rosewood Drive
Suite, Apt. #, etc.

City & State

Midland, Texas

City & State

Midland, Texas

Zip

79707

Country

USA

Zip

79707

Country

USA

4. FEI Number **59-3565819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, PAMELA G
815 SMOKERISE BLVD.
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name **Penelope Parr**

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

375 Spring Forest Drive

City

New Smyrna Beach

FL

Zip Code

32168

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

Penelope Parr

PENELOPE PARR

3-9-01

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, 2001 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	<input type="checkbox"/> Delete
NAME	WILLIAMS, PAMELA G	
STREET ADDRESS	815 SMOKERISE BLVD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pamela G. Williams	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 Rosewood Drive	
STREET ADDRESS	Midland, Tx 79707	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Pamela G. Williams

Pamela G. Williams

3/10/01

(915)

697.1699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)