

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000029305**

1. Entity Name

SOLUTIONS ACCOUNTING & TAX SERVICES, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90032 006 ***158.75

Principal Place of Business

**1161 LONGFELLOW WAY
SARASOTA FL 34243**

Mailing Address

**P.O. BOX 1148
TALLEVAST FL 34270-1148**

2. Principal Place of Business

4345 N. HWY 19-A

Suite, Apt. #, etc.

3. Mailing Address

4345 N. HWY 19-A

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MOUNT DORA FL

City & State

MOUNT DORA FL

4. FEI Number

65-0897088

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HINZ, SHERRILL
1161 LONGFELLOW WAY
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name **SHERRILL H. HINZ**

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

4345 N. HWY 19-A

City

MOUNT DORA

FL

Zip Code

32757

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

SHERRILL H. HINZ PRESIDENT**2-5-00**

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

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **SHERRILL H. HINZ**
CITY-ST-ZIP **4345 N. HWY 19-A
MOUNT DORA FL 32757**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SHERRILL H. HINZ**2-5-00****352-483-5351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #