

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000030212**

1. Entity Name

FARRISH TAX & ACCOUNTING INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90263 043 ***150.00

Principal Place of Business

**804 CHURCHILL BAYOU RD
SANTA ROSA BEACH FL 32459**

Mailing Address

**804 CHURCHILL BAYOU RD
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3567404**

Applicable For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRISH, AUDREY
804 CHURCHILL BAYOU RD
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name

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

City

State

Zip Code

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 the filer, applicable.

NOTE: Registered Agent signature required when not accepted.

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 \$650.00
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 NAME STREET ADDRESS CITY-STATE-ZIP	PSD FARRISH, AUDREY 804 CHURCHILL BAYOU RD SANTA ROSA BEACH FL 32459	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V RODRIGUE, GARY 808 CHURCHILL BAYOU RD SANTA ROSA BEACH FL 32459	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 filer empowered.

SIGNATURE: *Audrey Farrish* **AUDREY FARRISH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 850-367-2243
Date Date of Filing

CR2E034 (10/00)