

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039650

1. Entity Name

BARBARA EVERT ACCOUNTING SERVICE INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

05-24-2000 90143 029 ***150.00

Principal Place of Business

Mailing Address

4699 N. FEDERAL HWY., SUITE 206E
POMPANO BCH FL 33064

4699 N. FEDERAL HWY., SUITE 206E
POMPANO BCH FL 33064-6510

2. Principal Place of Business

3. Mailing Address

1870 N. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

114
City & State

City & State

Margate, FL
Zip

Country

Zip

Country

33063 Broward

4. FEI Number

65-0365538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVERT, BARBARA

1230 NW 45TH ST.

POMPANO BCH FL 33064

Name

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

City

FL

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 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: President
NAME: Barbara Evert
STREET ADDRESS: 1230 N.W. 45th St.
CITY-ST-ZIP: Pompano Beach, FL 33063

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

954-984-2077

Date

Daytime Phone #

CR2E034 (9/99)