

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90037 027 \*\*\*150.00

0063962 AV

**DOCUMENT # P99000066614**

1. Entity Name

**BOOKKEEPING AND TAX CENTER, INC.**

Principal Place of Business

**5200 W. NEWBERRY RD., SUITE B2  
 GAINESVILLE FL 32607**

Mailing Address

**5200 W. NEWBERRY RD., SUITE B2  
 GAINESVILLE FL 32607**

2. Principal Place of Business

**14818 NW 140th Place  
 Suite, Apt. #, etc.**

3. Mailing Address

**PO Box 2410  
 Suite, Apt. #, etc.**

City & State

**Alachua, FL**

City & State

**Alachua, FL**

4. FEI Number

**59-3587803**

Applied For

Not Applicable

Zip

**32615**

Country

Zip

**32616**

Country

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

6. Name and Address of Current Registered Agent

**STEWART, WILLIAM O  
 16324 NW 120TH PLACE  
 ALACHUA FL 32615**

7. Name and Address of New Registered Agent

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, 2002 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

T ☐ Delete  
 NAME **STEWART, WILLIAM**  
 STREET ADDRESS **16324 NW 120TH PLACE**  
 CITY-ST-ZIP **ALACHUA FL 32615**

P ☐ Delete  
 NAME **STEWART, JOSIE**  
 STREET ADDRESS **16324 NW 120TH PLACE**  
 CITY-ST-ZIP **ALACHUA FL 32615**

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P-T-S ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VP ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ 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:

**STEWART, WILLIAM O**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-02 386-462-4941**

Date

Daytime Phone #

CR2E034 (9/01)