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FILED

## DOCUMENT # **P99000069027**

1. Entity Name

TRISTA C. KUHN-ACCOUNTING AND SOFTWARE IMPLEMENT				00 JUL 19 AM 11:31	
Principal Place of Business  3608 EAST LAKE DRIVE LAND O'LAKES FL 34639  2. Principal Place of Business		Mailing Address 3608 EAST LAKE DRIVE LAND O'LAKES FL 3463		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number   Applied For   Not Applicable	
Zip	Country	Zíp Country		5. Certificate of Status Desired See Required	
	6. Name and Address of Curr	rent Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
	2. Hame and Address of Call	our registeron Agent	- Name	mante una realisse et rieur tragiatatat rigent	
DECORT, DONALD P HOLCOMB & DECORT, P.A. 415 SOUTH HYDE PARK AVENUE TAMPA FL 33606		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
		City	City FL Zip Code		
Tax filing requirement and elects to do so		, After SEPTEMBER	V!!! FEE IS \$550.00 13, 2000 Min. will be \$ able to Department of 9		
11.	OFFICERS A	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHN, TRISTA C 3608 EAST LAKE DRIVE LAND O'LAKES FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
title Name Street address ( City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003349對資本日本經濟 -08/08/0001091023 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ <u>D</u> elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY~ST~ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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 like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 11, 2000 813-996-787

CR2E034 (5/00)

Par

Trista C. Kuhn Accounting & Software Implementation Services Inc. 3608 East Lake Drive Land O' Lakes, FL 34639

July 14 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

rista C. Kili

Dear Sir or Madam:

Attached are the required UBR Forms for Trista C. Kuhn Accounting & Software Implementation Services Inc., EIN 59-3592139, Document # P99000069027 along with the Filing Fee of \$150. These forms are late due to extreme illness of myself, the President and only employee of said corporation. Due to a high risk pregnancy I was confined to my bed for several months and physically unable to complete the forms when the first notice to report was apparently sent to my corporation. I have not been able to locate that document and do not recall receiving it.

However, now I have received the second notice and upon reading the instructions realized that a \$400 late fee was assessed for not meeting the May 1, 2000 deadline of the first notice. As I incorporated in July of 1999, this is the first UBR I have been required to complete and was not previously advised to do so by my accountant or my attorney. Therefore, the second notice sent was the first time I became aware of such an obligation.

Due to these extreme circumstances I am requesting that a one time waiver of any penalties be granted. Thank you for your time and consideration.

Sincerely,

Trista C. Kuhn

President