2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90115 027 ***150.00

DOCUMENT # P99000073093

1. Entity Name
QUICK BOOKS TAX & ACCOUNTING SERVICES, INC.

Principal Place of Business	Mailing Address
~~12800 INDIAN ROCKS RD., STE. 6~~ LARGO FL 33774	~~12800 INDIAN ROCKS RD., STE. 6~~ LARGO FL 33774

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City	City
Zip / Country	Zip / Country
QuickBook Tax & Acct. 1890 West Bay Dr.,#W-4 Largo, Florida 33770	QuickBook Tax & Acct. 1890 West Bay Dr.,#W-4 Largo, Florida 33770

4. FEI Number APPLIED FOR 59-3592838 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARSHALL, JOHN
12800 INDIAN ROCKS RD., STE. 6
LARGO FL 33774

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1890 West Bay Drive # W-4

City Largo FL Zip Code 33770

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]
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, JOHN 12800 INDIAN ROCKS RD., STE. 6 LARGO FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1890 West Bay Drive # W-4 Largo, FL 33770	☑ Change ☐ Addition
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CR2E034 (10/00)

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] 1/17/01 (727) 581-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #