

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90884 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000103070** ✓
1. Entity Name

ACCOUNTING, TAXES, ETC. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **9050 PINES BLVD** Mailing Address

9050 PINES BLVD

Suite, Apt., etc. **450** Suite, Apt., etc. **450**

City & State **PEMBROKE PINES, FL** City & State **PEMBROKE PINES, FL**

Zip **33024** Country **USA** Zip **33024** Country **USA**

4. FEI Number **65-0523458**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **RICHARD DAVIS**
Street Address (P.O. Box Number is Not Acceptable)
1241 GRANT STREET

City **HOLLYWOOD**

FL

Zip Code
33019

**DO NOT WRITE
IN THIS SPACE**

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

04/27/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so: ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-ST-ZIP
RICHARD S. DAVIS JR (PRES)
1241 GRANT STREET
HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
JENNIFER DAVIS
1241 GRANT ST.
HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC.
MICHA DAVIS
1241 GRANT ST.
HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
HOWARD CARTER III
1241 GRANT ST.
HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/02
Date

954-430-3893
Daytime Phone #

CR2E034B (12/01)