

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22479

1. Entity Name

A+ ACCOUNTING & BOOKKEEPING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90061 037 ***150.00

Principal Place of Business

6316 San Juan Ave

5822 NORMANDY BLVD

SUITE #7 Suite 44

JACKSONVILLE FL 32208 10

US

Mailing Address

P.O. Box 6399

5822 NORMANDY BLVD

JACKSONVILLE FL 32236-6399

US

626614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6316 SAN JUAN AVE

Suite, Apt. #, etc.

#44

3. Mailing Address

P.O. Box 6399

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3107382

Applied For

Not Applicable

Zip

32210-2883

Country

US

Zip

32236-6399

Country

US

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

SMITH, FRANCIS P

5822 NORMANDY BLVD.

SUITE #7

JACKSONVILLE FL 32205

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

Francis P. Smith

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNS, PATRICIA ANN 5822 NORMANDY BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA ANN SMITH 6316 SAN JUAN AVE, #44 JACKSONVILLE, FL 32210-2883	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, FRANCIS PETERSON 5822 NORMANDY BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6316 SAN JUAN AVE, #44 JACKSONVILLE, FL 32210-2883	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEL, LEILA RACHEL 5822 NORMANDY BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEILA RACHEL WERTMAN 6316 SAN JUAN AVE #44 JACKSONVILLE, FL 32210-2883	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Patricia A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000 904-781-2855

Date

Daytime Phone #

CR20014 (9/99)