

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90017 027 ***150.00

0457688

DOCUMENT # V22479

1. Entity Name

A+ ACCOUNTING & BOOKKEEPING, INC.

Principal Place of Business

6316 SAN JUAN AVE
 #44
 JACKSONVILLE FL 32210-2883
 US

Mailing Address

P O BOX 6399
 JACKSONVILLE FL 32236-6399
 US

2. Principal Place of Business

1591 S. Lane Ave
 Suite, Apt. #, etc.
 W110

3. Mailing Address

P.O. BOX 6399
 Suite, Apt. #, etc.

City & State

Jacksonville, FL
 Zip 32210 Country Duval

City & State

Jacksonville, FL
 Zip 32236-6399 Country Duval

4. FEI Number

59-3107382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, FRANCIS P
~~5022 NORMANDY BLVD.~~ 1591 S. Lane Ave
 SUITE #7 Apt. W110
 JACKSONVILLE FL 32210

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, 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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | JOHNS, PATRICIA ANN | |
| STREET ADDRESS | 6316 SAN JUAN AVE #44 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210-2883 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | SMITH, FRANCIS P | |
| STREET ADDRESS | 6316 SAN JUAN AVE #44 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210-2883 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WERTMAN, LEILA R | |
| STREET ADDRESS | 6316 SAN JUAN AVE #44 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210-2883 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, PATRICIA ANN | |
| STREET ADDRESS | 1591 S. Lane Ave. W110 | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1591 S. Lane Ave W110 | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1591 S. Lane Ave W110 | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia A. Smith PATRICIA A. SMITH 3-23-2001 904-781-2855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)