

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90055 048 ***150.00

DOCUMENT # V34514

1. Entity Name

ECONOMY ACCOUNTING SERVICES, INC.

Principal Place of Business

**2821 SE 19TH AVE.
CAPE CORAL FL 33904**

Mailing Address

**2821 SE 19TH AVE.
CAPE CORAL FL 33904**

2. Principal Place of Business

3000 N.W. 42ND PLACE

Suite, Apt. #, etc.

3. Mailing Address

3000 N.W. 42ND PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33993-8088

Country

LEE

City & State

CAPE CORAL, FL

Zip

33993-8088

Country

LEE

4. FEI Number

65-0333632

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

**SCOTT, DONALD S.
2821 SE 19TH AVE.
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

DONALD S. SCOTT

Street Address (P.O. Box Number is Not Acceptable)

3000 N.W. 42ND PLACE

City

CAPE CORAL

FL

Zip Code

33993-8088

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

Donald S. Scott

DONALD S. SCOTT

PRESIDENT

03/08/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCOTT, DONALD S 2821 S.E. 19TH AVENUE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCOTT, EILEEN H 2821 S.E. 19TH AVENUE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCOTT, DONALD S. 3000 N.W. 42ND PLACE CAPE CORAL, FL 33993-8088	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCOTT, EILEEN H. 3000 N.W. 42ND PLACE CAPE CORAL, FL 33993-8088	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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)(f), 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:

Donald S. Scott

DONALD S. SCOTT

PRESIDENT

03/08/02

(239) 573-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)