


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90211 005 ***150.00

DOCUMENT # v66819 1. Entity Name ROSS ACCOUNTING SERVICE, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6012 N. GUNLOCK AVE. Suite, Apt. #, etc.	3. Mailing Address 6012 N. GUNLOCK AVE. Suite, Apt. #, etc.
City & State TAMPA FL 33614 Zip Country	City & State TAMPA FL 33614 Zip Country

14006196

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0360568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROSS, GUS M.
Street Address (P.O. Box Number is Not Acceptable) 6012 N. GUNLOCK AVE.
City TAMPA FL FL Zip 33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, GUS M. 6012 N. GUNLOCK AVE. TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, MARTHA J. 6012 N. GUNLOCK AVE. TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gus M. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

(813) 846-8823

Daytime Phone #

CR2E034B (12/02)