2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V66819 DOCUMENT

1. Entity Name

ROSS ACCOUNTING SERVICE, INC.



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90070 004 ***150.00

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Principal Place of Business 6012 N. GUNLOCK AVE. TAMPA FL 33614 2. Principal Place of Business		Mailing Address 6012 N. GUNLOCK AV TAMPA FL 33614	/E.			~ 1NU(•		
		3. Mailing Address							
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.							
City & State						☐ CHECK HERE IF MAKING CHANGES			
	are	City & State			4. FEI Number 65-0360568	3	—	Applied For Not Applicab	
Zip	Country	Zip	Country	:	5. Certificate of Status Desired		\$8.75 A	dditional	
	6. Name and Address of Cu	rrent Registered Agent		7	7. Name and Address of New F		Fee Requir	rea	
	แ้ด้ น		Name	• •		iogistores /			
ROSS, G	GUNLOCK AVE.		Street A	Address (P.C). Box Number is Not Acceptable	2)		·	
TAMPA F			<u> </u>			···········			
IAMEA E	L 33014								
			City			FL	Zip Cod	de	
8. The above	a named entity submits this statementions of registered agent.	ent for the purpose of changing	its registered office o	r registered	agent or both in the State of Eld	rida Lom to	and the south		
the obliga	tions of registered agent.	, . 3 5		. regiotorea	agont, or both, in the state of Fit	nica. ∓am⊺a	amiliar with	, and accept	
. P									
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (No.	OTE: Bogistard Agest alice						
	Signature, typed or printed name of registered		OTE: Registered Agent signal	ture required whe	en reinstating)	DATE		<u></u>	
	Signature, typed or printed name of registered		OTE: Registered Agent signal	ture required whe	<u> </u>		\$5.0	On May Ba	
Afte	Signature, typed or printed name of registered	0.00	OTE: Registered Agent signal	ture required whe	9. Election Campaign Fin Trust Fund Contribution	ancing _		00 May Be	
Afte Make Check	Signature, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departmet OFFICERS A	0.00	OTE: Registered Agent signat		Election Campaign Fin Trust Fund Contribution	ancing	Adde	d to Fees	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 changed, or on an attachment with an address, with all other like empowered. 12

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 476-8883

Daytime Phone #