

2000 UNIFORM BUSINESS REPORT (UBR)

4/4/

FILED
May 17, 2000 8:00 am
Secretary of State

04-04-2000 90081 022 ***150.00

DOCUMENT # P99000012493 Filed February 1, 1999

1. Entity Name
 A 1 Accountants, Inc.

Principal Place of Business Mailing Address
 11509 Doctor M.L.King, Jr. Blvd. East P.O. Box 1187
 Mango, Florida 33550-1187 Mango, Fl.
 33550-1187

2. Principal Place of Business 3. Mailing Address
 11509 Dr. M.L.K. Jr. Blvd. East P.O. Box 1187
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Mango, Fl.

City & State City & State
 Mango, Florida MANGO FLORIDA 33550-1187
 Zip Country Zip Country
 33550-1187 Hillsborough 33550-1187 Hillsborough

4. FEI Number 59-3559775 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 George T. Eldridge
 Post Office Box 1187 (11509 Dr. M.L.King, Jr. Blvd. East)
 Mango, Florida
 33550-1187

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City FL Zip Code 33550

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, 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 | President, Treasurer, Director | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lillie Mae Eldridge | | NAME | | |
| STREET ADDRESS | Post Office Box 1187 | | STREET ADDRESS | | |
| CITY-ST-ZIP | Mango, Florida 33550-1187 | | CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | George T. Eldridge | | NAME | | |
| STREET ADDRESS | P.O. Box 1187 | | STREET ADDRESS | | |
| CITY-ST-ZIP | Mango, Florida 33550-1187 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: George T. Eldridge March 27, 2000 George T. Eldridge, Secretary 813-684-3399
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)