

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021665

1. Entity Name

ACCOUNTING & TAX MANAGEMENT, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90053 027 ***150.00

Principal Place of Business

Mailing Address

8701 BLIND PASS ROAD #305
 ST. PETE BEACH FL 33706

8701 BLIND PASS ROAD #305
 ST. PETE BEACH FL 33706-1466

2. Principal Place of Business

3. Mailing Address

251 Corey Ave
 Suite, Apt. #, etc.

251 Corey Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 St. Pete Beach FL

City & State
 St. Pete Beach FL

4. FEI Number
 59-3561984

Applied For
 Not Applicable

Zip
 33706

Country

Zip
 33706

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOSI, CHRISTINE E
 8701 BLIND PASS ROAD #305
 ST. PETE BEACH FL 33706

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 *Christine E Tosi*

1/3/00

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 Delete
 NAME D
 STREET ADDRESS 8701 BLIND PASS ROAD #305
 CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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: *Christine E Tosi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00
 Date

727-363-4524
 Daytime Phone #

CR2E034 (9/99)