

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90091 004 \*\*\*150.00

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

DOCUMENT # P01000063001

1. Entity Name

ACCREDITED SOLUTIONS IV, INC.

**DO NOT WRITE IN THIS SPACE**

B0051498

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4140 NW 27 LANE

3. Mailing Address

4140 NW 27 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE F

STE F

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3736243

Applied For

Not Applicable

Zip

32606

Country

USA

Zip

32606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ERIKA W. QUIRK

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

4140 NW 27 LANE

STE F

City

GAINESVILLE

FL

Zip Code

32606

**DO NOT WRITE  
IN THIS SPACE**

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

*Erika W. Quirk*

Erika W. Quirk President

3/13/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD  
QUIRK, ERIKA W  
4140 NW 27 LANE, STE F  
GAINESVILLE FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPD  
WALTHER, NANCY E  
4140 NW 27 LANE, STE F  
GAINESVILLE FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CD  
WALTHER, ROBERT H  
4140 NW 27 LANE, STE F  
GAINESVILLE FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Erika W. Quirk*

Erika W. Quirk President

3/13/02

352-378-8367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E024B (12/01)