


FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90138 048 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000044498

1. Entity Name
ACCU-SCRIPT, INC.



10033255

Principal Place of Business
 1711 N. 53 AVE.
 HOLLYWOOD, FL 33021

Mailing Address
 1711 N. 53 AVE.
 HOLLYWOOD, FL 33021

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **90-0025607** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, SUE E
 1711 N. 53 AVE.
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SUE E 1711 N. 53 AVE. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sue Williams* **SUE E. WILLIAMS** **3/5/03** **954-483-7496**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)