# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2000 8:00 am**
**Secretary of State**
04-26-2000 90200 017 ***158.75

DOCUMENT # P95000063657

1. Entity Name

ACCENT INVESTMENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ACCENT INVESTMENTS. INC<br>P O BOX 6392<br>OCALA FL 34478-392<br>US | ACCENT INVESTMENTS INC<br>PO BOX 6392<br>OCALA FL 34478-6392<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3338958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROTZ, VICTOR CHARLES
8899 SE 11 CT
OCALA FL 34480

**7. Name and Address of New Registered Agent**

Name
ROTZ, VICTOR CHARLES
Street Address (P.O. Box Number is Not Acceptable)
8899 SE 17th CT
City
OCALA
FL
Zip Code
34480

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 VICTOR CHARLES ROTZ, PRESIDENT DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ROTZ, VICTOR CHARLES<br>PO BOX 6392, N/A<br>OCALA FL 34478-6392 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>ROTZ, DOUGLAS C<br>PO BOX 6392, N/A<br>OCALA FL 34478-6392 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROTZ, RANDAL A<br>PO BOX 6392, N/A<br>OCALA FL 34478 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (9/99)

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:** Douglas C. Rotz 4/18/00 (352) 897-2736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #