

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069325

1. Entity Name

ACCURATE HAULING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90115 008 ***150.00

Principal Place of Business 3221 SE 1ST COURT CAPE CORAL FL 33904	Mailing Address 3221 SE 1ST COURT CAPE CORAL FL 33904-4102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1345 Old Pondella Rd	3. Mailing Address 1345 Old Pondella Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State N. Ft. Myers	City & State N. Ft. Myers
Zip 33903	Country LEE

4. FEI Number 65-0949845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PILZ, NORBERT B 3221 SE 1ST COURT CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1345 Old Pondella Rd City N. Fort Myers FL Zip Code 33903
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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 _____ 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME PILZ, NORBERT B STREET ADDRESS 3221 SE 1ST COURT CITY-ST-ZIP CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1345 Old Pondella Road STREET ADDRESS N. Ft. Myers FL 33903 CITY-ST-ZIP	
TITLE NAME Puck, Robert STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME 1345 Old Pondella Rd. STREET ADDRESS N. Ft. Myers, FL 33903 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Pilz, Dawn STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Secretary NAME 1345 Old Pondella Rd. STREET ADDRESS N. Ft. Myers, FL 33903 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dawn Pilz Dawn Pilz 4/17/00 941-571-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)