

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 OCT -9 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069325

1. Entity Name
ACCURATE HAULING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1345 Old Pondella Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1345 Old Pondella Road <small>Suite, Apt. #, etc.</small>	
City & State N. Fort Myers, Florida		City & State N. Fort Myers, Florida	
Zip 33903	Country USA	Zip 33903	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0949845** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Norbert B. Pilz**

Street Address (P.O. Box Number is Not Acceptable)
1345 Old Pondella Road

City **North Fort Myers** **FL** Zip Code **33903**

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 **Norbert B. Pilz** 10/1/02

Signature of Registered Agent (typed name or printed name and title if applicable) (Not if Registered Agent signature required with registration) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME	P Robert Ruck 1345 Old Pondella Rd., N Ft Myers Fl 33903	TITLE NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Norbert Pilz 1345 Old Pondella Rd., N Ft Myers Fl 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100008278561-- -10/09/02--01011--001 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael Antonacci 1345 Old Pondella Rd., N Ft Myers Fl 3390	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rose Ruck 1345 Old Pondella Rd., N Ft Myers Fl 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dawn Pilz 1345 Old Pondella Rd., N Ft Myers Fl 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(b), 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 life empowered.

SIGNATURE: **Robert Ruck, P** 10/1/02 239.574.7420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYPHONE

OR2E034B (12/01)