

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91804 018 ***150.00

DOCUMENT # S21921

1. Entity Name
ACCUSTAR ACCOUNTING, INC.



Principal Place of Business
2174 MARQUITA DR
DUNEDIN FL 34698
US

Mailing Address
2174 MARQUITA DR
DUNEDIN FL 34698
US



2. Principal Place of Business
Box 290
Suite, Apt. #, etc.

3. Mailing Address
Box 290
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CRYSTAL BEACH, FL.

City & State
CRYSTAL BEACH, FL.

4. FEI Number
59-3046478

Applied For
☐ Not Applicable

Zip
34681

Country
US

Zip
34681

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAVROGIANNIS, BETTY
2174 MARQUITA DR
DUNEDIN FL 34698

Name
Street Address (P.O. Box Number is Not Acceptable)
606 N. MAYO ST.
Box 290
City
CRYSTAL BEACH, FL Zip Code
34681

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 *Betty Mavrogiannis*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
PTD
PROKOS, FRAN ☐ Delete
2174 MARQUITA DR
DUNEDIN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Box 290
CRYSTAL BEACH, FL. 34681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MAVROGIANNIS, BETTY ☐ Delete
2174 MARQUITA DRIVE
DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Box 290
CRYSTAL BEACH FL. 34681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 *727-784-5111*
Date Daytime Phone #

CR2E034 (10/02)