

FILED


03 MAY 12 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000053672

1. Entity Name
ACCOLADE GOLF CORPORATION



Principal Place of Business Mailing Address
 11380 PROSPERITY FARMS RD., SUITE 209B 11380 PROSPERITY FARMS RD., SUITE 209B
 PALM BCH GARDENS, FL 33410 PALM BCH GARDENS, FL 33410

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



900018801469
05/12/03--01031--007 **558.75

CHECK HERE IF MAKING CHANGES

4. FEL Number Applied For
 05-0567716 Not Applicable

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

FHS CORPORATE SERVICES, INC.
 11780 US HWY. ONE, SUITE 300
 N. PALM BCH, FL 33408

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's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 13, 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	
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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(3X), 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 in an attachment with an address with all the like empowerments.

SIGNATURE: *Dr. Leo F. Armbros* Date: *5/9/03*

CR2E004 (10/02)

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