

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91092 001 ***150.00
04-21-2003 91092 002 *****8.75

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DOCUMENT # 570803

1. Entity Name
ACCENT TRAVEL SERVICES, INC.



Principal Place of Business
**200 W. TOMPKINS ST.
INVERNESS FL 34450
US**

Mailing Address
**200 W. TOMPKINS ST.
INVERNESS FL 34450
US**

33060300



2. Principal Place of Business
210 W Tompkins St
Suite, Apt. #, etc.

3. Mailing Address
P O Box 1134
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
INverness FL
Zip
34450
Country
USA

City & State
INverness FL
Zip
34451
Country
USA

4. FEI Number **59-1808894**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARTHURS, DAVID S. SR.
200 W. TOMPKINS ST.
INVERNESS FL 32650**

7. Name and Address of New Registered Agent

Name **Constance Connors**
Street Address (P.O. Box Number is Not Acceptable)
4 N Archwood Dr
City **INverness** FL Zip Code **34450**

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 **Constance Connors Secretary**
(Signature, typed or printed name of registered agent and title if applicable.)

DATE **4-16-03**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☐ Delete
NAME **CONNORS, WALTER D**
STREET ADDRESS **488 HORSE PRAIRE ROAD**
CITY-ST-ZIP **INVERNESS FL**

TITLE **VPS** ☐ Delete
NAME **ARTHURS, DAVID S SR**
STREET ADDRESS **7233 E. OAK ISLE DR.**
CITY-ST-ZIP **INVERNESS, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☒ Change ☐ Addition
NAME **CONNORS, Walter D**
STREET ADDRESS **4 N Archwood Dr**
CITY-ST-ZIP **INverness FL 34450**

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

TITLE ☐ Change ☒ Addition
NAME **Secretary- Constance Connors**
STREET ADDRESS **4 N Archwood Dr**
CITY-ST-ZIP **INverness FL 34450**

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

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

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

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: **Constance Connors** **4-16-03** **352-344-4462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sec. Date Daytime Phone #

CR2E034 (10/02)