

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91177 022 ***150.00

DOCUMENT # F00000000215

1. Entity Name
ACCU CORP.

Principal Place of Business Mailing Address
200 SOUTH ORANGE AVE., SUITE 1540 1300 **200 SOUTH ORANGE AVE. SUITE 1540 1300**
ORLANDO FL 32801 **ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2206832**

Applied For

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

RAFIQUE, MUHAMMAD
200 SOUTH ORANGE AVE., SUITE 1540 1300
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1300

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW **IF FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTCD** ☐ Delete
NAME **RAFIQUE, MUHAMMAD**
STREET ADDRESS **200 SOUTH ORANGE AVE., SUITE 1540 1300**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
NAME **Suite 1300**
STREET ADDRESS **Suite 1300**
CITY-ST-ZIP **Suite 1300**

TITLE **VD** ☐ Delete
NAME **RAFIQUE, ASMA**
STREET ADDRESS **200 SOUTH ORANGE AVE., SUITE 1540 1300**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
NAME **Suite 1300**
STREET ADDRESS **Suite 1300**
CITY-ST-ZIP **Suite 1300**

TITLE **SD** ☐ Delete
NAME **SATTAR, HUNAINA**
STREET ADDRESS **200 SOUTH ORANGE AVE., SUITE 1540 1300**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
NAME **Suite 1300**
STREET ADDRESS **Suite 1300**
CITY-ST-ZIP **Suite 1300**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I, as an officer or director of the corporation or the receiver or trustee empowered to prepare this report, have signed and changed, or on an attachment with an authorized signature empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

Date

Daytime Phone #

Hunaina Sattar **4-30-01** **407/540-9191**

CR2E034 (10/00)