

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90076 035 ***150.00

DOCUMENT # F01000002735

1. Entity Name
ACCUTEL, INC.

Principal Place of Business

**989 E. MEMORIAL BLVD.
 LAKELAND FL 33801**

Mailing Address

**MC 482-B12-C82
 200 RENAISSANCE CENTER
 DETROIT MI 48265**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2166579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent 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!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **PD** ☐ Delete
 NAME **MCCARTY, LEE G**
 STREET ADDRESS **300 COUNTRY CLUB DRIVE**
 CITY-ST-ZIP **EUGENE OR 97401**

TITLE **TCFO** ☐ Delete
 NAME **VANORMAN, JEROME B JR.**
 STREET ADDRESS **200 RENAISSANCE CENTER**
 CITY-ST-ZIP **DETROIT MI 48265**

TITLE **V** ☐ Delete
 NAME **HARMS, ROBERT A**
 STREET ADDRESS **300 COUNTRY CLUB DRIVE**
 CITY-ST-ZIP **EUGENE OR 97401**

TITLE **S** ☐ Delete
 NAME **QUENNEVILLE, CATHY L**
 STREET ADDRESS **200 RENAISSANCE CENTER**
 CITY-ST-ZIP **DETROIT MI 48265**

TITLE **AS** ☐ Delete
 NAME **LANTGIOS, JUSTINE M**
 STREET ADDRESS **200 RENAISSANCE CENTER**
 CITY-ST-ZIP **DETROIT MI 48265**

TITLE **D** ☐ Delete
 NAME **GIBSON, JOHN E**
 STREET ADDRESS **200 RENAISSANCE CENTER**
 CITY-ST-ZIP **DETROIT MI 48265**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy L. Quenneville
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. L. Quenneville

1/10/02

Date

Daytime Phone #

313/665-6301

00777777 AT

CB2EQ04 (9/01)