

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0112081 AV

DOCUMENT # F01000004297

1. Entity Name
ACCOLADIA (FLORIDA) LTD, INC.



FILED

03 MAR 21 PH 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

83

Principal Place of Business
5728 MAJOR BLVD., STE 505
ORLANDO FL 32819

Mailing Address
5728 MAJOR BLVD., STE 505
ORLANDO FL 32819

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 52-2334754

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

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

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME STEWART, ALAN J
STREET ADDRESS SMALLS HILL ROAD
CITY-ST-ZIP NORWOOD HILL SURREY

TITLE D ☐ Change ☒ Addition
NAME AILLES, IAN S
STREET ADDRESS 84 BEAUMONT AVENUE, ST. ALBANS
CITY-ST-ZIP HERTFORDSHIRE ALI 4TP

TITLE D ☒ Delete
NAME ALIKER, PAUL C
STREET ADDRESS 23 VALE COURT
CITY-ST-ZIP LONDON SW36A-L

TITLE ☐ Change ☐ Addition
NAME 100014901831
STREET ADDRESS 03/28/03--01018--006
CITY-ST-ZIP **150.00

TITLE SD ☐ Delete
NAME HALLISEY, DAVID M
STREET ADDRESS 6 CASTLEBAR ROAD
CITY-ST-ZIP EALING, LONDON W5 2DP

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

TITLE D ☐ Delete
NAME BOWDEN-DOYLE, RICHARD W
STREET ADDRESS FRIARS LODGE, FRIARS LANE
CITY-ST-ZIP SURRGY TW9 -INL

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

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~~ HALLISEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)