

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90157 017 ***150.00

DOCUMENT # F02000002159

1. Entity Name
ACCENTRA INC.



Principal Place of Business
**7770 W. GULF-TO-LAKE HWY.
CRYSTAL RIVER FL 34429**

Mailing Address
**42255 CHASE DR.
CANTON MI 48188**

2. Principal Place of Business

2063 N. Lecanto Hwy

Suite, Apt. #, etc.

City & State
Lecanto, FL

Zip
34461 Country
Citrus

3. Mailing Address

42015 Ford Rd

Suite, Apt. #, etc.

PMB #364

City & State
Canton, MI

Zip
48187 Country
Wayne



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
88-0456708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENGE, SAMUEL A JR.
4281 W CARDINAL ST.
HOMOSASSA FL 34446**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CVCD
CHUNG, YI WEN
5459 GREEN HORN ST.
LAS VEGAS NV 89118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVP
CHUNG, YI WEN
5459 GREEN HORN ST.
LAS VEGAS NV 89118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LIN, HOLLY
42255 CHASE DR.
CANTON MI 48188** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03
Date

734-394-0867
Daytime Phone #

CR2E034 (10/02)