

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90820 028 \*\*\*150.00

0033422 AV

**DOCUMENT # F15826**

1. Entity Name  
**ACCOUNTABILITIES - LVS, INC.**



Principal Place of Business  
**1309 ST. JOHNS BLUFF RD.  
STE. 2  
JACKSONVILLE FL 32225  
US**

Mailing Address  
**12520 MISSION HILLS DRIVE  
JACKSONVILLE FL 32225-4764  
US**

2. Principal Place of Business  
**1811 Colonial Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same as 2**  
Suite, Apt. #, etc.

City & State  
**Green Cove Springs, FL**

City & State  
**Same as 2**

4. FEI Number  
**59-2051764**

Applied For  
☐ Not Applicable

Zip  
**32043-8007**

Country  
**USA**

Zip  
**Same as 2**

Country

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

**6. Name and Address of Current Registered Agent**

**STEELY, LOWELL V.  
12520 MISSION HILLS DRIVE SO  
JACKSONVILLE FL 32225**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1811 Colonial Drive  
Green Cove Springs, FL 32043-8007**  
City **Green Cove Springs** **FL** Zip Code **32043**

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 **Lowell V. Steely**  
Signature, typed or printed name of registered agent and title if applicable.

*Lowell V. Steely*  
(NOTE: Registered Agent signature required when reinstating)

**April 28, 2003**  
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  
**PTD  
STEELY, LOWELL V  
12520 MISSION HILLS DR. 6  
JACKSONVILLE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
STEELY, WILLETTE B.  
12520 MISSION HILLS DR. S  
JACKSONVILLE FL** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1811 Colonial Drive  
Green Cove Springs, FL 32043** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1811 Colonial Drive  
Green Cove Springs, FL 32043** ☐ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:**

*Lowell V. Steely*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03 904-529-2431**  
Date Daytime Phone #

CR2E034 (10/02)