FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State F45263 DOCUMENT # 1. Entity Name FINANCIAL ACCOMMODATION SERVICES, INC. 02-25-2002 90020 006 ***150.00 Principal Place of Business Mailing Address 1543 KINGSLEY AVE #11 1543 KINGSLEY AVE #11 B0033395 POB 1551 POB 1551 ORANGE PARK FL 32067 **ORANGE PARK FL 32067** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2125521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOCCIERI, STEPHEN A** Street Address (P.O. Box Number is Not Acceptable) 1921 ROSE MALLOW LANE ORANGE PARK FL 32073 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition **BOCCIERI, MONICA L** NAME NAME 1921 ROSE MALLOW LANE STREET ADDRESS STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition **BOCCIERI, STEPHEN A** NAME NAME STREET ADDRESS 1921 ROSE MALLOW LANE STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP_ TITLE ☐ Delete TITLE [] Change Addition **BOCCIERI, STEPHANIE M** NAME NAME 1921 ROSE MALLOW LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORANGE PARK FL CITY-ST-7IP TITLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

STEPHEN A BOCCIERI

2/13/2002

904-269-0137

Daytime Phone #