

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002956

1. Entity Name

ACCURATE MANAGEMENT SERVICES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90011 013 ***150.00

Principal Place of Business

Mailing Address

304 NESBIT PROFESSIONAL BLDG.
SUITE 109
PUNTA GORDA FL 33950

304 NESBIT PROFESSIONAL BLDG.
SUITE 109
PUNTA GORDA FL 33950

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

38-3280814

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

NEHS, J. PATRICK
25188 E MARION
APT C-101
PUNTA GORDA FL 33950

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME C
STREET ADDRESS NEHS, CHRISTOPHER
CITY-ST-ZIP 25682 MAY WOOD
WOOD HAVEN MI 48183

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NEHS, JAMES
CITY-ST-ZIP 7735 LEONARD
WHITMORE LAKE MI 48189

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NEHS, ANDREW
CITY-ST-ZIP 47160 W 12 MILE RD.
NOVI MI 48377

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WOOD, KATHLEEN
CITY-ST-ZIP 11552 CREEK SIDELANE
CARMEL IN 46033

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 37 Neptune DRIVE
CITY-ST-ZIP Shrewsbury MA 01545

TITLE ☐ Delete
NAME P
STREET ADDRESS NEHS, SHARON
CITY-ST-ZIP 25188 E MARION C-101
PUNTA GORDA FL 33950

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS NEHS, J. PATRICK
CITY-ST-ZIP 25188 E MARION C-101
PUNTA GORDA FL 33950

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:

Signature of Patrick Nehs, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 (941) 575-7748

CR2E034 (9/99)