

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90024 046 \*\*\*150.00

**DOCUMENT # F97000002956**

1. Entity Name

**ACCURATE MANAGEMENT SERVICES, INC.**

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**

DO NOT WRITE IN THIS SPACE



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 **Sharon Nehs**  
 Street Address (P.O. Box Number is Not Acceptable)  
**25188 E Marion**  
**Apt. C-101**  
 City **Punta Gorda** FL Zip Code **33950**

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

*Sharon Nehs*

**3-12-02**

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 **C** ☐ Delete  
 NAME **NEHS, CHRISTOPHER**  
 STREET ADDRESS **25682 MAY WOOD**  
 CITY-ST-ZIP **WOOD HAVEN MI 48183**

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

TITLE **D** ☐ Delete  
 NAME **NEHS, JAMES**  
 STREET ADDRESS **25698 MOIRWOOD**  
 CITY-ST-ZIP **FARMINGTON MI 48335**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **21696 Indian Bayou DR.**  
 CITY-ST-ZIP **Fort Myers Beach FL 33931**

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **21696 Indian Bayou DR.**  
 CITY-ST-ZIP **Fort Myers Beach FL 33931**

TITLE **D** ☐ Delete  
 NAME **WOOD, KATHLEEN**  
 STREET ADDRESS **804 NATHAN HALE DR.**  
 CITY-ST-ZIP **WEST CHESTER PA 19382-7054**

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

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

TITLE **P/S/T** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☒ Delete  
 NAME **NEHS, J. PATRICK**  
 STREET ADDRESS **25188 E MARION C-101**  
 CITY-ST-ZIP **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:

*Sharon Nehs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/02 (941) 575-7748**

Date

Daytime Phone #

CR2E034 (9/01)