

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90358 029 \*\*\*158.75

DOCUMENT # **F98000000391**

1. Entity Name

ACCENT MORTGAGE SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2500 NORTHWINDS PARKWAY

Suite, Apt. #, etc.

SUITE 350

City & State

ALPHARETTA GA

Zip

30004

Country

U.S.A.

3. Mailing Address

2500 NORTHWINDS PARKWAY

Suite, Apt. #, etc.

SUITE 350

City & State

ALPHARETTA GA

Zip

30004

Country

U.S.A.

4. FEI Number

58-1963567

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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

N/A

N/A

N/A

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
FORREST P. YOUNG, Jr  
2500 NORTHWINDS PARKWAY SUITE 350  
ALPHARETTA GA, 30004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT & CORP COUNSEL  
ROBERT CHASTAIN  
2500 NORTHWINDS PARKWAY SUITE 350  
ALPHARETTA GA 30004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
BETTY SULLIVAN  
2500 NORTHWINDS PARKWAY SUITE 350  
ALPHARETTA GA 30004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BETTY SULLIVAN SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)