

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90024 007 \*\*\*150.00

**DOCUMENT # G02757**

1. Entity Name

**ACCENTS ELITE, INCORPORATION**

Principal Place of Business

4065-H L.B. MCLEOD RD  
 ORLANDO FL 32811

Mailing Address

PO BOX 818756  
 ORLANDO FL 32861-8756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2673620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MEDLOCK, LUTRELL**  
**139 OAKTREE CIRCLE**  
**DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

**LUTRELL MEDLOCK**

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

**1032 KENMORE ST.**

**DELTONA, FL 32725**

City

**DELTONA**

**FL**

Zip Code  
**32725**

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.

**LUTRELL MEDLOCK**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-26-00**

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

TITLE **PD** ☐ Delete  
 NAME **MEDLOCK, LUTRELL**  
 STREET ADDRESS **139 OAKTREE CIRCLE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VS** ☐ Delete  
 NAME **MEDLOCK, JANICE**  
 STREET ADDRESS **139 OAKTREE CIRCLE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **~~LUTRELL MEDLOCK~~ MEDLOCK, LUTRELL**  
 STREET ADDRESS **1032 KENMORE ST.**  
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **VS** ☒ Change ☐ Addition  
 NAME **MEDLOCK, JANICE**  
 STREET ADDRESS **1032 KENMORE ST.**  
 CITY-ST-ZIP **DELTONA, FL 32725**

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

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

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

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:

**LUTRELL MEDLOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-26-00**

**407-481-9966**