

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21637

1. Entity Name

ACCRO-MARKETING CO.

Principal Place of Business

811 N PINE HILLS ROAD
ORLANDO FL 32808

Mailing Address

~~811 N PINE HILLS ROAD~~
~~ORLANDO FL 32808-7251~~
417 ALSTON DR.
Orlando, FL 32835

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

59-2464890

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

LAURENS, JASON C.
811 PINE HILLS RD
ORLANDO FL 32835

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	P	<input type="checkbox"/> Delete
NAME	LAURENS, JASON C.	
STREET ADDRESS	811 PINE HILLS RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCORMACK, SHERRY	
STREET ADDRESS	18 WOOD LANE	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOFFNER, EDNA	
STREET ADDRESS	800 LAKESHORE DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN STEARNS	
STREET ADDRESS	417 ALSTON DR	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN STEARNS	
STREET ADDRESS	417 ALSTON DR	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMACK, SHERRY	
STREET ADDRESS	18 WOOD LANE	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Laurens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

Daytime Phone #

(407) 299 1811



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)