

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88912

1. Entity Name

ACCELERATOR, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90293 020 ***150.00

Principal Place of Business

12563 NEW BRITTANY BLVD
FT MYERS FL 33907
US

Mailing Address

12563 NEW BRITTANY BLVD
FT MYERS FL 33907-3625
US

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

59-2642825

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

PUGH, R. DELL
13622 PINE VILLA LN.
FT. MYERS FL 33912

Name

Olivia V. Pugh

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

13622 Pine Villa Lane

City

Fort Myers

FL

Zip Code
33912

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

Olivia V. Pugh

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

(NOTE: Registered Agent signature required when reinstating)

4/27/2000

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	PST	<input checked="" type="checkbox"/> Delete
NAME	PUGH, R. DELL	
STREET ADDRESS	13622 PINE VILLA LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUGH, R. DELL	
STREET ADDRESS	13622 PINE VILLA LANE	
CITY-ST-ZIP	FT MYERS FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olivia V. Pugh	
STREET ADDRESS	13622 Pine Villa Lane	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley D. Pugh	
STREET ADDRESS	932-A N. Highland Avenue	
CITY-ST-ZIP	Atlanta, GA 30306	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine Smith	
STREET ADDRESS	31 Riverside Drive	
CITY-ST-ZIP	Greenville, SC 29605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip B. Pugh	
STREET ADDRESS	216 Cocahatchee Blvd.	
CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew B. Smith	
STREET ADDRESS	31 Riverside Drive	
CITY-ST-ZIP	Greenville, SC 29605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Sneed	
STREET ADDRESS	2250 SE 28th Street	
CITY-ST-ZIP	Cape Coral, FL 33904	

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:

Olivia V. Pugh Olivia V. Pugh President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2000 277-5177

CR2E034 (9/99)