2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

1. Entity Name

6261 ARC WAY

FT. MYERS FL 33912

Principal Place of Business

LEHIGH ACRES FL 33936



Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90208 022 ***150.00

FILED

ACCENT BUSINESS PRODUCTS OF SOUTHWEST FLORIDA, I NC.



FT MYERS FL 33906 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Zip Country Zip Country

PO BOX 60011

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

59-2728402

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent TURBEVILLE, LARRY R. 516 LAKE AVE.

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

City

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. I am familiar with, and accept

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

> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be

and a state		indistribution,	☐ Adde	d to Fees
10. OFFICERS AND DIRECTORS	11. A	DOITIONS IS LANGED TO THE	_	
NAME STREET ADDRESS CITY-ST-ZIP DP Delete TURBEVILLE, LARRY R. 516 LAKE AVE LEHIGH ACRES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR Change	S IN 11
TITLE STD Delete NAME STREET ADDRESS CITY-ST-ZIP TURBEVILLE, SHARON 516 LAKE AVE LEHIGH ACRES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS City-St-Zip		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE Delete	TITLE		Change	Addition

12. 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 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR