

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90275 026 \*\*\*\*50.00

**DOCUMENT # L01000008936**

1. Entity Name  
**ACCENT USA, LLC**

Principal Place of Business  
**135 LARGS COURT. STE. 308**  
**DUNEDIN FL 34698**

Mailing Address  
**135 LARGS COURT. STE. 308**  
**DUNEDIN FL 34698**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **KERRIE DRIVER, GUY**  
 STREET ADDRESS **6904 MANATEE AVENUE WEST, STE. 51B**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **KERRIE DRIVER GUY**  
 STREET ADDRESS **135 LARGS COURT # 308**  
 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04/15/2002 (727) 733-7511**

Date

Daytime Phone #

CR2E083 (9/01)