

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14337

1. Entity Name  
ACCS, INC.

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90044 041 \*\*\*150.00

Principal Place of Business  
400 COMMERCE WAY  
108  
LONGWOOD FL 32750  
US

Mailing Address  
PO BOX 52-1493  
LONGWOOD FL 32752-1493  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2968662

Applied For

Not Applicable

Zip Country Zip Country

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

Name

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

City

FL

Zip Code

KRAIS, DAVID A.  
206 E. OAKHURST ST.  
ALTAMONTE SPRINGS FL 32701

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, 2001 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  
NAME KRAIS, DAVID A.  
STREET ADDRESS 206 E. OAKHURST ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

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

TITLE ST  
NAME KRAIS, PHYLLIS A.  
STREET ADDRESS 260 E. OAKHURST ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☒ Delete

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

TITLE VI  
NAME MASTERS, TROY  
STREET ADDRESS 955 W. BLUE SPRINGS AVENUE  
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE VIT  
NAME Masters, Troy  
STREET ADDRESS 955 W. Blue Springs Avenue  
CITY-ST-ZIP Orange City, FL 32763 ☒ Change ☐ Addition

TITLE VPM  
NAME KRUSE, PAUL  
STREET ADDRESS 2918 FALLING TREE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE VPMS  
NAME Kruse, Paul  
STREET ADDRESS 2918 Falling Tree Circle  
CITY-ST-ZIP Orlando, FL 32837 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*David A. Krais*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

Daytime Phone #

CR2E034 (10/00)