

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90166 001 ***476.25

002231

DOCUMENT # L18663

1. Entity Name

ACCENTS & OCCASIONS CORP.

Principal Place of Business

**7800 BAYBERRY ROAD
 JACKSONVILLE FL 32256**

Mailing Address

**7800 BAYBERRY ROAD
 JACKSONVILLE FL 32256**

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 **59-2917500**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FULLERTON, ROBERT C.
 7800 BAYBERRY ROAD
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name *Gary Stutzman*

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

7800 Bayberry Rd.

City *Jacksonville*

FL

Zip Code *32256*

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

GARY STUTZMAN VP

(NOTE: Registered Agent signature required when reinstating)

4/30/01
 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

TITLE **DP** Delete
 NAME **REIN, WILLIAM F.**
 STREET ADDRESS **7800 BAYBERRY ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DTSV** Delete
 NAME **FULLERTON, ROBERT C.**
 STREET ADDRESS **7800 BAYBERRY ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VAS** Delete
 NAME **SMITH, MARCIE**
 STREET ADDRESS **7800 BAYBERRY RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** Delete
 NAME **STUTZMAN, GARY**
 STREET ADDRESS **7800 BAYBERRY ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DR** Change Addition
 NAME **BAILYS, FRED**
 STREET ADDRESS **7800 BAYBERRY RD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VAS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Change Addition
 NAME **BAILYS, DAVID**
 STREET ADDRESS **7800 BAYBERRY RD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE Change 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY STUTZMAN

Date

4/30/01

Daytime Phone #

904-737-8800

CR2E034 (10/00)