

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71959

1. Entity Name

ACCURATE BUSINESS AND ACCOUNTING SERVICES, INC.

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90024 025 \*\*\*150.00

Principal Place of Business

Mailing Address

11066 101ST AVE NORTH  
SEMINOLE FL 33772  
US

PO BOX 4933  
SEMINOLE FL 33775-4933  
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

59-3010772

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

HEMPFLING, RAYMOND P.  
11066 101ST AVE. N.  
SEMINOLE FL 33772

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

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  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HEMPFLING, RAYMOND P.  
STREET ADDRESS 11066 101ST AVE. N.  
CITY-ST-ZIP SEMINOLE FL

TITLE Secretary  
NAME Mary-Beth Hempfling  
STREET ADDRESS 11066 101st Ave. N.  
CITY-ST-ZIP Seminole, FL 33772

TITLE D  
NAME RAFFTERY, JOHN H.  
STREET ADDRESS 6450 31ST TERR. N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
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CITY-ST-ZIP

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-00 727 391 3303