

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

0020145
AV

DOCUMENT # L98996

1. Entity Name
FLORIDA ACCENT BUILDERS, INC.



03-13-2003 90071 012 ***150.00

Principal Place of Business
**967 SHOCKNEY DR
ORMOND BEACH FL 32174**

Mailing Address
**967 SHOCKNEY DR
ORMOND BEACH FL 32174**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3036504**

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

**CUNNYNGHAM, ROBERT L
967 SHOCKNEY DR
ORMOND BEACH FL 32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert L. Cunningham*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVS** ☐ Delete
NAME **CUNNINGHAM, ROBERT L**
STREET ADDRESS **967 SHOCKNEY DR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **M** ☐ Change ☒ Addition
NAME **MANAGING DIRECTOR**
STREET ADDRESS **JOHN D. GRAHAM**
CITY-ST-ZIP **5000 N. OCEAN SHORE BLVD.
PALM COAST, FL 32137**

TITLE **T** ☐ Delete
NAME **CUNNINGHAM, ROBERT L**
STREET ADDRESS **967 SHOCKNEY DR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V** ☐ Change ☒ Addition
NAME **Cindy Cunningham**
STREET ADDRESS **967 Shockney Drive**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE: *Robert L. Cunningham*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/10/03

Date

Daytime Phone #

CR2E034 (10/02)