

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M38345

1. Entity Name

ACCURATE SHIPPING SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90084 035 ***150.00

Principal Place of Business

Mailing Address

~~2626 PGA BLVD~~
~~PALM BEACH GARDENS FL 33410~~
~~US~~

~~2626 PGA BLVD~~
~~PALM BEACH GARDENS FL 33410-2304~~
~~US~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 30506

P.O. Box 30506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS, FL.

PALM BEACH GARDENS, FL.

Zip

Country

Zip

Country

33420-0506

USA

33420-0506

USA

4. FEI Number

59-2723190

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

TIFFANY, JEFFREY

2626 PGA BLVD

#148

PALM BCH GARDENS FL 33410

Name

JEFFREY TIFFANY

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

904 EVERGREEN DRIVE

City

NORTH PALM BEACH

FL

Zip Code
33408

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 JEFFREY TIFFANY
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-2000
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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	TIFFANY, DEBORAH	
STREET ADDRESS	904 EVERGREEN DRIVE	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIFFANY, JEFFREY	
STREET ADDRESS	904 EVERGREEN DRIVE	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(361) 622-1941

Daytime Phone #

CR2E034 (9/99)