

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000007252

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: ACCENT AMERICA STAFF SERVICES, INC.

Current Principal Place of Business:

141 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

141 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3619297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLE, STEPHEN L
141 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLE, STEVE
Address: 141 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: KNAIER, MARK
Address: 141 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD () Delete
Name: DAVIS, KEITH
Address: 141 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE HOLE

PD

04/26/2002

Electronic Signature of Signing Officer or Director

Date