2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023429

1. Entity Name
ACCURATE COMMUNICATION - COUNSELING SERVICES, IN

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 28 PM 3:02

008441 AV

Principal Place of Business	Mailing Address
15095 63RD PLACE NORTH LOXAHATCHEE FL 33470	15095 63RD PLACE NORTH LOXAHATCHEE FL 33470

REINSTATEMENT — DO NOT WRITE IN THIS SPACE — 01

2. Principal Place of Business	3. Mailing Address
2930 Okeechobee Blvd	P.O. Box 31926
Suite, Apt. #, etc.: 203	Suite, Apt. #, etc.
City & State: West Palm Beach, Fl	City & State: Palm Beach Gardens, Fl
Zip: 33409 Country: U.S.A	Zip: 33420 Country: U.S.A

4. FEI Number 65-0983757 ☐ 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
BOURSIQUOT, NICOLE 15095 63RD PLACE NORTH LOXAHATCHEE FL 33470	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 Nicole Boursiquot 11/20/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D BOURSIQUOT, PATRICK 15095 63RD PLACE NORTH LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURSIQUOT, NICOLE 15095 63RD PLACE NORTH LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300004721093--2 -12/12/01--01075--003 ****758.75 ****758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: Nicole Boursiquot SIGNATURE REQUIRED 11/20/01 561-689-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #