

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90149 035 \*\*\*158.75

**DOCUMENT # P0000024142**



1. Entity Name  
**ACCURATE FINANCIAL SERVICES, INC.**

Principal Place of Business  
**206 FOXTAIL DR., H2  
WEST PALM BEACH FL 33415**

Mailing Address  
**206 FOXTAIL DR., H2  
WEST PALM BEACH FL 33415**

2. Principal Place of Business  
**17767 63rd Road North**  
Suite, Apt. #, etc.

3. Mailing Address  
**17767 63rd Road North**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Loxahatchee FL**  
Zip  
**33470**  
Country  
**USA**

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**Loxahatchee FL**  
Zip  
**33470**  
Country  
**USA**

4. FEI Number **65-0989644**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DORSEY, PAMELA M  
206 FOXTAIL DRIVE, H2  
WEST PALM BEACH FL 33415**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**17767 63rd Road North**  
City **Loxahatchee FL** Zip Code **33470**

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 *Pamela M. Dorsey*  
Signature, typed or printed name of registered agent and file if applicable.

1-7-03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DORSEY, PAMELA M 206 FOXTAIL DRIVE, H2 WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17767 63rd Road North Loxahatchee FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Pamela M. Dorsey* **SIGNATURES REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03  
Date

561-818-4107  
Daytime Phone #

CR2E034 (10/02)