

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90319 012 ***150.00

DOCUMENT # P00000025454

1. Entity Name
ACCURATE NETWORK SYSTEMS, INC.

Principal Place of Business
14315 PROMONTDRY POINT PLACE
TAMPA FL 33625

Mailing Address
14315 PROMONTDRY POINT PLACE
TAMPA FL 33625

2. Principal Place of Business

3. Mailing Address

#207 5373 Ehrlich Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

City & State

City & State

Tampa, FL

Zip

Country

Zip

33625

Country

USA

4. FEI Number

59-3631271

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 \$150.00
After May 1, 2002 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 **PD** ☐ Delete
NAME **LUCAS, TROY H**
STREET ADDRESS **8735 WATERWAY DRIVE**
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **VD** ☒ Delete
NAME **WINN, AMY KATHLEEN**
STREET ADDRESS **14315 PROMONTORY POINT PLACE**
CITY-ST-ZIP **TAMPA FL 33625**

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

TITLE **V** ☒ Delete
NAME **CLANCY, PETER J JR**
STREET ADDRESS **8735 WATERWAY DRIVE**
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **ST** ☐ Delete
NAME **WESTERDAHL, DWIGHT W**
STREET ADDRESS **8735 WATERWAY DRIVE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☒ Delete
NAME **SHARON HENSON**
STREET ADDRESS **16125 SANDCREST WAY**
CITY-ST-ZIP **TAMPA, FL 33618**

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

TITLE **SECRETARY** ☒ Delete
NAME **NANCY ALI**
STREET ADDRESS **4350 Dunbar Ave Apt 8**
CITY-ST-ZIP **Tampa FL 33611**

TITLE ☐ Change ☒ 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

4-18-2002

Date

813-269-0202

Daytime Phone #

CR2E034 (9/01)