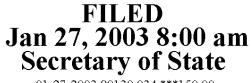
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000050025 **DOCUMENT #** 1. Entity Name ACCURATE VERIFICATION SERVICES, INC.

SIGNATURE:



01-27-2003 90130 034 ***150.00

Principal Plac 5107 BIMINI D BRADENTON I	R.	Mailing Address P.O. BOX 7117 BRADENTON FL 34210-0217							
2. Principal P	Place of Business	3. Mailing Address				1 (881)1883 11 88111 88111 88111 88111 BELLI		IEDI ERII KUTI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		-	4 . F	4. FEI Number 65-1011536 Applied Fo		plied For at Applicable	
Zip Country		Zip Cour		ntry	5. C	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current	Registered Agent	. . .		7 N	ame and Address of New Registered	Agent		
IOOLAGE I	MOHATI W			Name		•			
-	MICHAEL W	Street Address		s (P.O. Bo	(P.O. Box Number is Not Acceptable)				
5107 BIMI	NI DK. ON FL 34210-2020				_				
DNADENH	UN FL 34210-2020								
				City		FL	Zip Code	e	
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.					ADI	9. Election Campaign Financing Trust Fund Contribution. ENTINE (CHANGES TO OFFICE BOAM)	Ädded	May Be to Fees	
10.	PVST OFFICERS AND		11.			DITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KYNAST, MICHAEL W P.O. BOX 7117 BRADENTON FL 34210-0217	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ا هو پر جمید از است این از	Délête 5	NAM STRE		⊕ ⊕ ₹	A The algebra of the section of the	☐ Change	^^Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADDRESS -ST-ZIP			☐ Change	Addition	
indicated of the cor	on this report or supplemental report is	s true and accurate and that owered to execute this repor	: my signat rt as requir	ture shall have the	e same le	19.07(3)(i), Florida Statutes. I further cer egal effect as if made under oath; that I a Statutes; and that my name appears i	am an officer i	or director L	

FIRED MICHHEL W. KYN4ST