

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90326 044 \*\*\*150.00

**DOCUMENT # P00000054790**

1. Entity Name  
**ACCSEUS, INC.**

Principal Place of Business  
**12565 RESEARCH PARKWAY**  
**STE 300**  
**ORLANDO FL 32826**

Mailing Address  
**12565 RESEARCH PARKWAY**  
**STE 300**  
**ORLANDO FL 32826**

2. Principal Place of Business  
**101 Southhall Lane**

3. Mailing Address  
**101 Southhall Lane**

Suite, Apt. #, etc.  
**Suite 400**

Suite, Apt. #, etc.  
**Suite 400**

City & State  
**Maitland, FL**

City & State  
**Maitland, FL**

Zip  
**32751**

Country

Zip  
**32751**

Country

4. FEI Number  
**59-365 0493**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SANDERS, WALTER**  
**3355 BEARSS AVE**  
**TAMPA FL 33618**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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

TITLE **D** ☐ Delete  
 NAME **FOX, RICHARD**  
 STREET ADDRESS **12565 RESEARCH PKWY**  
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME **President Warren Miller**  
 STREET ADDRESS **101 Southhall Lane, Suite 400**  
 CITY-ST-ZIP **Maitland, FL 32751**

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

TITLE ☐ Change ☐ Addition  
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 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: **Warren Miller** **Warren Miller, President** **4/27/01** **407-659-0710**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)