

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90830 007 ***150.00

DOCUMENT # P00000055296

1. Entity Name

ACCURATE FINANCIAL, INC.

Principal Place of Business

**3327 HATCHER ST
FT PIERCE FL 34981**

Mailing Address

**3327 HATCHER ST
FT PIERCE FL 34981**

2. Principal Place of Business

139-B Port St Lucie Blvd

3. Mailing Address

139-B SW Port St Lucie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

Port St Lucie FL

4. FEI Number

051028729

Applied For

Not Applicable

Zip

34984

Country

St Lucie

Zip

34984

Country

St Lucie

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

**ELLWOOD, GARY F
3327 HATCHER ST
FT PIERCE FL 34981**

Name **Diana M Ellwood**

Street Address (P.O. Box Number is Not Acceptable)

139-B SW Port St Lucie Blvd

City **Port St Lucie**

FL

Zip Code **34984**

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

Diana M Ellwood 4/20/01 **DIANA M ELLWOOD**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Reg Agent** ☒ Delete
NAME **GARY F ELLWOOD**
STREET ADDRESS **3327 Hatcher St**
CITY-ST-ZIP **Fort Pierce FL 34981**

TITLE **President / Reg Agent** ☒ Change ☒ Addition
NAME **Diana M Edwood**
STREET ADDRESS **139-B SW Port St Lucie Blvd**
CITY-ST-ZIP **Port St Lucie FL 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Diana M Ellwood **DIANA M ELLWOOD** 4/20/01 561 873-9979

Date

Daytime Phone #

CR2E034 (10/00)