

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90349 041 \*\*\*150.00

0003323 AT

**DOCUMENT # P00000060259**

1. Entity Name

**ACCURATE SOLUTIONS, INC.**

Principal Place of Business

**571 BLACKSTONE AVENUE  
 DELTONA FL 32725**

Mailing Address

**571 BLACKSTONE AVENUE  
 DELTONA FL 32725**

2. Principal Place of Business

**2405 PALMETTO AVE**

Suite, Apt. #, etc.

**SUITE 100**

City & State

**LONGWOOD, FLORIDA**

Zip

**32750**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-2243356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, EFREN**

**571 BLACKSTONE AVENUE**

**DELTONA FL 32725**

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

**EFREN RODRIGUEZ PRESIDENT**

**3/20/02**

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. ☐

**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

TITLE ☐ Delete

**P  
 RODRIGUEZ, EFREN  
 571 BLACKSTONE AVENUE  
 DELTONA FL 32725**

TITLE ☐ Delete

**[REDACTED]**

TITLE ☒ Delete

**[REDACTED]**

TITLE ☐ Delete

**[REDACTED]**

TITLE ☐ Delete

**[REDACTED]**

TITLE ☐ Delete

**[REDACTED]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

**V  
 JOSEPH D'CONNOR  
 14144 PORTRUSH DRIVE  
 ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition

**[REDACTED]**

TITLE ☐ Change ☐ Addition

**[REDACTED]**

TITLE ☐ Change ☐ Addition

**[REDACTED]**

TITLE ☐ Change ☐ Addition

**[REDACTED]**

TITLE ☐ Change ☐ Addition

**[REDACTED]**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EFREN RODRIGUEZ PRESIDENT**

Date

Daytime Phone #

**3/20/02 407970 2201**

CR2E034 (9/01)