2001 UNIFORM BUSINESS REPORT (UBR)

Jun 14, 2001 8:00 am Secretary of State DOCUMENT # P00000097235 1. Entity Name 04-27-2001 90391 003 ***150.00 ACCUTROL, INC. Principal Place of Business Mailing Address 3164 PELL MELL DR. 3164 PELL MELL DR. ORLANDO FL 32818 ORLANDO FL 32818 V U () 3. Mailing Address P.O. Box 681988 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO 59-367 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32868 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRELL. KENNETH E Street Address (P.O. Box Number is Not Acceptable) 3164 PELL MELL DR. ORLANDO FL 32818 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campalgn Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE KENNETH HERNEU ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS SAME AS ABOVE CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE *Delete Change Tolibba [] NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.