

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91130 014 ***150.00

DOCUMENT # P01000002282

1. Entity Name
ACCURASYS SOFTWARE, INC.

Principal Place of Business

PO BOX 16133
JACKSONVILLE FL 32245

Mailing Address

PO BOX 16133
JACKSONVILLE FL 32245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3688691

Applied For

Not Applicable

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

WILSON, BENJAMIN H III
11252 STONEY POINT LANE W.
JACKSONVILLE FL 32257

Name **WILSON, BENJAMIN H III**
 Street Address (P.O. Box Number is Not Acceptable) **4122 SAN JUAN AVE**
 City **JACKSONVILLE** FL **32210**

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 *Benjamin H. Wilson III* **BENJAMIN H. WILSON III, PRESIDENT** **4/24/02**
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.
 (See criteria on back) ☐

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **WILSON, BENJAMIN H III**
 CITY-ST-ZIP **11252 STONEY POINT LANE W. JACKSONVILLE FL 32257**

TITLE ☒ Change ☐ Addition
 NAME **WILSON, BENJAMIN H. III**
 STREET ADDRESS **4122 SAN JUAN AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Benjamin H. Wilson III* **BENJAMIN H. WILSON III** **4/26/02** **904-343-3489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)