2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000057576 DOCUMENT

1. Entity Name ACCENTRICITY, INC.

Principal !		f Busir	
3755 MILI	TARY T	RAIL. 1	#A-7

JUPITER FL 33458

Mailing Address

3755 MILITARY TRAIL, #A-7 JUPITER FL 33458

2. Principal Place of Business 3. Mailing Address 3780 BURNS BURNS ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 600 600

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91408 021 ***150.00

20041130



CHECK HERE IF MAKING CHANGES

City & State City & State Applied For BeAch 65-1111263 Mm Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, CARMEN M

13331 SOUTH WEST 71 STREET MIAMI FL 33183

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

12110 Ellisa Wilsin City June

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. I am familiar with, and accept the obligations of registered ager

SIGNATURE

CHRMEN VAZGUEZ

The only ahanges are the addresses (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition VAZQUEZ, CARMEN M NAME NAME 3720 Bons Rong , \$660 Para Beach 6 majors, pr. 33410 STREET ADDRESS 3755 MILITARY TRAIL, A7 STREET ADDRESS CITY-ST-7IP JUPITER FL 33458 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition VAZQUEZ, PEDRO D NAME STREET ADDRESS 3755 MILITARY TRAIL, A-7 STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 - Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: