

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90091 002 ***150.00

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

DOCUMENT # P01000063058
1. Entity Name
ACCREDITED SOLUTIONS II, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4140 NW 27 LANE Suite, Apt. #, etc. STE F City & State GAINESVILLE FL Zip 32606 Country USA		3. Mailing Address 4140 NW 27 LANE Suite, Apt. #, etc. STE F City & State GAINESVILLE FL Zip 32606 Country USA	
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80051500

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3736245		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent Name ERIKA W. QUIRK Street Address (P.O. Box Number is Not Acceptable) 4140 NW 27 LANE STE F City GAINESVILLE FL Zip 32606		

**DO NOT WRITE
IN THIS SPACE**

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 *Erika W. Quirk* Erika W. Quirk President 3/13/02
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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUIRK, ERIKA W 4140 NW 27 LANE, STE F GAINESVILLE FL 32606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WALTHER, NANCY E 4140 NW 27 LANE, STE F GAINESVILLE FL 32606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WALTHER, ROBERT H 4140 NW 27 LANE, STE F GAINESVILLE FL 32606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Erika W. Quirk* Erika W. Quirk, President 3/13/02 352-378-8367
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2ED34B (12/01)