FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91168 038 ***150.00

DOCUMENT # P01000081692

1. Entity Name
ACCURATE PUBLIC RECORDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
120 LUTZ LAKE FERN RD	120 LUTZ LAKE FERN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FLORIDA	City & State: LUTZ, FLORIDA
Zip: 33548 Country: USA	Zip: 33548 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1130948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

~~7. Name and Address of Current Registered Agent~~

Name: ROIG, RICARDO A ESQ
Street Address (P.O. Box Number is Not Acceptable): 201 N FRANKLIN ST. STE 2700
City: TAMPA FL Zip Code: 33602

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 _____
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) X

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOUGLAS W CULLARO
STREET ADDRESS	3335 GOLDEN EAGLE DR
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	VP
NAME	SCOTT B HARRISON
STREET ADDRESS	4617 W KENSINGTON AVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	T
NAME	RICHARD F. DEGRAY
STREET ADDRESS	1207 WHISPERING PINES RD
CITY-ST-ZIP	ALBANY, GA 31708
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	
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Douglas W. Cullaro Pres DOUGLAS W CULLARO, PRES 4-30-02 813 949-0631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #