

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90332 025 ***150.00

DOCUMENT # P01000091765

1. Entity Name
ACCURATE CONSULTING & TRANSCRIPTION SERVICES, IN C.

Principal Place of Business

**1549 LIME DRIVE
 MELBOURNE FL 32935**

Mailing Address

**1549 LIME DRIVE
 MELBOURNE FL 32935**

2. Principal Place of Business

205 HWY A1A

3. Mailing Address

205 HWY A1A

Suite, Apt. #, etc.

612

Suite, Apt. #, etc.

612

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BEACH, FL

Zip

Country

32937

USA

Zip

Country

32937

USA

4. FEI Number

59 3745597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PINNELL, JOSEPH O
 1549 LIME DRIVE
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

SAME

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

205 HWY A1A, #612

City

SATELLITE BEACH

FL

Zip Code

32937

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 agent.

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)



**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **PINNELL, JOSEPH O**
 STREET ADDRESS **1549 LIME DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **ST** ☐ Delete
 NAME **PINNELL, CAROL L**
 STREET ADDRESS **1549 LIME DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **205 HWY A1A, #612**
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **205 HWY A1A, #612**
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph O. Pinnell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-2002 321-779-8828

Date Daytime Phone #

CR2E034 (4/02)

Attachment PO1000091765

BD131675

7-16-2002

To Whom it may Concern:

I spoke to your department
by phone today and was
told to pay only \$750
as we were not aware
of this fee and the
deadline for filing.
We moved and did
not receive notice until
recently.

Thanks,

Joe Pennell