FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90157 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091765

1. Entity Name
ACCURATE CONSULTING & TRANSCRIPTION SERVICES, INC.

Principal Place of Business	Mailing Address
205 HIGHWAY A1A #612 SATELLITE BEACH, FL 32937 US (Change)	205 HIGHWAY A1A #612 SATELLITE BEACH, FL 32937 US (Change)

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
503 SUMMERSET CT.	503 SUMMERSET CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INDIAN HARBOR BEACH	City & State: INDIAN HARBOR BEACH
Zip: FL. 32937 Country: ~~BREVARD~~ USA	Zip: 32937 Country: 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
~~205 HIGHWAY A1A #612 SATELLITE BEACH, FL 32937~~
503 SUMMERSET CT. INDIAN HARBOR BEACH, FL 32937

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PINNELL, JOSEPH O ~~205 HIGHWAY A1A #612~~ 503 SUMMERSET CT. ~~SATELLITE BEACH, FL 32937~~ INDIAN HARBOR BEACH, FL. 32937 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Joseph Pinnell 4-30-03 321-223-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #