

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

DOCUMENT # **P01000108360**

1. Entity Name

ACCELERATED TECHNOLOGIES INC.

FILED

02 JUN 27 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 E. OAKLAND PARK

3. Mailing Address

2300 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE FL.

4. FEI Number

657159392

Applied For

☒ Not Applicable

Zip

33306

Country

BROWARD

Zip

33306

Country

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

DAVID WEBB

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

324 DATURA ST. STE 140

City

WEST PALM BEACH

FL

Zip Code

33401

**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

David Webb CEO/PRES. DAVID WEBB

6.24.02

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) ☐

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/PRES.
DAVID WEBB
324 DATURA ST.
WEST PALM BEACH FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/CTO.
THOMAS BARKER
2300 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL. 33306**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000006067560--0
-06/27/02--01058--001
*****35.00 *****35.00**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
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T. Lewis 6/27/02

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000006067560--0
-06/03/02--01088--003
*****35.00 *****35.00**

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:

David Webb Pres/CEO

6-24-02

561-346-5985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)