

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000084555**

1. Entity Name

**ACCOUNTABLE EXPRESS SERVICES, INC.**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90069 005 \*\*\*150.00

**10090896**

Principal Place of Business	Mailing Address
<b>1341 SE 3RD COURT #2</b>	<b>1341 SE 3RD COURT #2</b>
<b>DEERFIELD BEACH FL 33441</b>	<b>DEERFIELD BEACH FL 33441</b>

2. Principal Place of Business		3. Mailing Address	
Suite Apt. #, etc.		Suite. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>04-3706627</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
<b>TAX HOUSE CORPORATION</b>	
<b>3929 N FEDERAL HWY</b>	
<b>POMPANO BEACH FL 33064</b>	

7. Name and Address of New Registered Agent	
<b>TAX HOUSE CORPORATION</b>	
Street Address (P O. Box Number is Not Acceptable)	
<b>531 E. SAMPLE ROAD</b>	
City	Zip Code
<b>POMPANO BEACH</b>	<b>FL 33064</b>

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 \_\_\_\_\_ DATE **04/24/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW! FEE IS \$150.00</b> <b>After MAY 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	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		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DPT</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETO, NAIRA A</b>	NAME	
STREET ADDRESS	<b>1341 SE 3RD COURT #2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	CITY-ST-ZIP	
TITLE	<b>DV</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMOND, ALVIN G</b>	NAME	
STREET ADDRESS	<b>1341 SE 3RD COURT #2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: **AB** **04-24-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #