


# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092338

1. Entity Name  
ACCENT REAL ESTATE PROS, INC.



FILED

03 MAY -1 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1000 CENTRAL AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1000 CENTRAL AVE  
Suite, Apt. #, etc.

City & State  
ST. PETERSBURG, FL

City & State  
ST. PETERSBURG, FL

Zip  
33705

Country  
USA

Zip  
33705

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
56-2291761

☒ 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  
MARSHLACK, DANE G.

Street Address (P.O. Box Number is Not Acceptable)  
902 BOCA CIEGA ISLE DRIVE

City  
ST. PETE BEACH

FL

Zip Code  
33706

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MARSHLACK, DANE G 902 BOCA CIEGA ISLE DRIVE ST. PETE BEACH, FL 33706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300017829913 05/01/03--01058--004 **150.00
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANE MASHLACK 04/28/03 727-892-9999

Date

Daytime Phone

CR2E034B (12/02)