

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-05-2003 90126 022 ***150.00

DOCUMENT # P02000103321

1. Entity Name

ACCESSIBLE COMMEMORATIVES, INC.



Principal Place of Business
9951-12TH WAY NORTH, APT. 201
ST. PETERSBURG FL 33716

Mailing Address
P. O. BOX 1776
ST. PETERSBURG FL 33717

55043729



2. Principal Place of Business

12552 Belcher Rd

Suite, Apt. #, etc.

3. Mailing Address

12552 Belcher Rd

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

11-3659309

Applied For

☐ Not Applicable

Zip

33773

Country

Pinellas

Zip

33773

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWNE, DOUGLAS G

9951-12TH WAY NORTH, APT. 201

ST. PETERSBURG FL 33716

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 ☐ Delete
NAME **D**
STREET ADDRESS **TOWNE, DOUGLAS G**
CITY-ST-ZIP **9951-12TH WAY NORTH, APT. 201**
ST. PETERSBURG FL 33716

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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:

Douglas G. Towne President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

727-452-8132
Daytime Phone #

CR2E034 (10/02)