

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000118717

FILED
Apr 30, 2003
Secretary of State

Entity Name: ACCOUNT ON IT, INC.

Current Principal Place of Business:

11343 MONUMENT RIDGE DR.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

11343 MONUMENT RIDGE DR.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNTER, GREGORY
11343 MONUMENT RIDGE DR.
JACKSONVILLE, FL 32225

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: GUNTER, GREGORY C PRESIDE
Address: 11343 MONUMENT RIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP () Change (X) Addition
Name: GUNTER, VANDE N VP
Address: 11343 MONUMENT RIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY C. GUNTER

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date