2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000119840

90123294

1. Entity Name
CRL ACCOUNTING, INC.

Principal Place of Business
9600 W SAMPLE ROAD
SUITE 304
CORAL SPRINGS, FL 33065

Mailing Address
9600 W SAMPLE ROAD
SUITE 304
CORAL SPRINGS, FL 33065

2. Principal Place of Business		3. Mailing Address	
110 E Atlantic Ave		110 E Atlantic Ave	
Suite, Apt. #, etc. 235		Suite, Apt. #, etc. 235	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33444	Country USA	Zip 33444	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01 0861664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUPARDO, CONCETTA R
9600 W SAMPLE ROAD
SUITE 304
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name Concetta Lupardo
Street Address (P.O. Box Number is Not Acceptable) 110 E Atlantic Ave 235
City Delray Beach FL Zip Code 33444

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	P	☐ Delete	TITLE	P	☐ Change ☐ Addition
NAME	LUPARDO, CONCETTA R		NAME	Concetta Lupardo	
STREET ADDRESS	9600 W SAMPLE ROAD SUITE 304		STREET ADDRESS	110 E Atlantic Ave 235	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Delray Beach FL 33444	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #