

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000125515

1. Entity Name

ACCEL BUSINESS SYSTEMS INC.



03 AUG 13 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
806 SE CARNIVAL AVE
PORT SAINT LUCIE FL 34983

Mailing Address
806 SE CARNIVAL AVE
PORT SAINT LUCIE FL 34983

2. Principal Place of Business

806 SE CARNIVAL AVE
Suite, Apt. #, etc.
Port Saint Lucie,

3. Mailing Address

806 SE CARNIVAL AVE
Suite, Apt. #, etc.

City & State

FL

City & State

Port Saint Lucie, FL

Zip

34983

Country

USA

Zip

34983

Country

USA

4. FEI Number

83-0393836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JORDAN, DAVID A
806 SE CARNIVAL AVE
PORT SAINT LUCIE FL 34983

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

David Jordan

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/17/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P JORDAN, DAVID A
806 SE CARNIVAL AVE
PORT SAINT LUCIE, FL 34983

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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:

David Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/03

DATE

772-340-0606

Daytime Phone

CR2034 (4/03)

Attachment

90147510

ACCEL BUSINESS SYSTEMS INC

282

FACSIMILE TRANSMITTAL SHEET

To: Division Of Corporations	From: David Jordan
FAX NUMBER:	Date: July 17, 2003
COMPANY: Division Of Corporations	TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER: 850-488-9000	SENDER'S REFERENCE NUMBER: Document # P02000125515
Re: UBR Report Filing	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

To whom it may concern,

I just within the past week received my UBR report for filing and noticed that there is a \$ 400.00 penalty for a late filing fee. I am not sure how this report got delayed, however I would very much appreciate the penalty fee of \$400.00 be waived from my account. Enclosed you will find a copy of the UBR along with a check in the amount of \$150.00. Please feel free to contact me regarding any difficulties you may have reversing the penalty.

Thank You Very Much,

David Jordan