

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013172

1. Entity Name

ACCENT BUSINESS SOLUTIONS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90043 002 ***150.00

Principal Place of Business

5525 STALLION LAKE DR.
PALM HARBOR FL 34685

Mailing Address

5525 STALLION LAKE DR.
PALM HARBOR FL 34685-1079

2. Principal Place of Business

4008 CAPITOL DR

Suite, Apt. #, etc.

3. Mailing Address

4008 CAPITOL DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

59-3222966

Applied For

Not Applicable

Zip

34685

Country

USA

Zip

34685

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAZEN, CYNTHIA F
5525 STALLION LAKE DR.
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

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

4008 CAPITOL DR

City

Palm Harbor

FL

Zip Code

34685

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.

SIGNATURE

Cynthia F Brazen

CYNTHIA F BRAZEN - PRESIDENT

4/17/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

P
NAME BRAZEN, CYNTHIA F
STREET ADDRESS 5525 STALLION DR
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Delete

VPS
NAME BRAZEN, DAVID C
STREET ADDRESS 5525 STALLION LAKE DR
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia F Brazen

CYNTHIA F BRAZEN - PRES

4/17/00

727 786 9504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)