

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90271 009 ***150.00

DOCUMENT # P94000058253

1. Entity Name
ACCENT ENTERPRISES, INC.

Principal Place of Business Mailing Address
1280 S POWERLINE RD **1280 S POWERLINE RD**
POMPANO BEACH FL 33069 **POMPANO BEACH FL 33069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1280 S Powerline Rd **1280 S. POWERLINE RD.**

Suite, Apt. #, etc.
#17 Suite, Apt. #, etc.
#17

City & State City & State
POMPANO BEACH FL **POMPANO BEACH FL**

4. FEI Number **65-0517419** Applied For
 Not Applicable

Zip Country Zip Country
33069 **USA** **33069** **USA**

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

LIT, NEAL
1433 SOUTH POWERLINE ROAD
POMPANO BEACH FL 33069

Name **LIT, NEAL**
 Street Address (P.O. Box Number is Not Acceptable)
1280 S. POWERLINE ROAD
#17
 City **POMPANO BEACH** **FL** Zip Code **33069**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D LIT, NEAL 19331 KING PALM CT BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S LIT, EILEEN 19331 KING PALM CT BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *SIGNATURE* 2/19/02 (954) 979-9511
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)