

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90184 044 ***158.75

DOCUMENT # P94000063202

1. Entity Name
ACCORD, INC.



Principal Place of Business
**2772 DEPOT ST
SANFORD FL 32773**

Mailing Address
**2772 DEPOT ST
SANFORD FL 32773**

90006357



2. Principal Place of Business
212 N. Park Avenue

3. Mailing Address
212 N. Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7

Suite 7

City & State

City & State

Sanford, Florida

Sanford, Florida

Zip

Zip

Country

Country

32771

US

32771

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-2043814**

Applied For
Not Applicable

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 -

**STERNBERG, CECILIA S
2772 DEPOT STREET
SANFORD FL 32773**

Name

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

212 N. Park Avenue

Suite 7

City

Sanford

FL

Zip Code

32771

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

Cecilia Sternberg

01/16/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STERNBERG, CECILIA
2772 DEPOT STREET
SANFORD FL 32773** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**212 N. Park Avenue Suite 7
Sanford, Florida 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 time empowered.

SIGNATURE:

Cecilia Sternberg

01/16/03

407-330-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)