2000 UNIFORM BUSINESS REPORT (UBR)

ACC-O-DATA, INC. Secretary of State 02-01-2000 50054 026 ***150.00 Anishing Audross 80 N FEBRAL NWY SUITE 40 BOCA RATION FL 33402 2748 US. 2. Principal Place of Business Suite, Apr. 4, etc. City & Suite	DOCUMENT # P9500000206				1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Mailing Address ON #FORMAL NAY SUITE 470 SUITE						
Sue, Apt. 4, etc. Sue, Apt. 4,	900 N FEDERAL HWY 900 N FEDERAL HWY			, , , , , , , , , , , , , , , , , , ,	02-01-2000 90054 0	26 ***150.00
Subs. Apt. 4, etc. City & State City & Sta				748	E MADRIA DE TRADA DE PROPERTO DE LA CARRA A DE MARIA DE M	
City & State City & State City & State City & State Country S. Certificate of Status Desired Set State Desired Desired Set State Desired Desired Set State Desired Desire	2. Principal Pi	lace of Business	3. Mailing Address			
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt. #, etc. Suite, Apt. #, et				DO NOT WRITE IN T	HIS SPACE
S. Cellinated as Section Session Sessi	City & State	e,	City & State		4. FEI Number 65-0543482	Applied For Not Applicable
LAKE, BARBARA 900 NORTH FEDERAL HIGHWAY SUITE 470 BOCA RATION FL 33432 8. The above named onfly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortida. SIGNAT URE 9. This corporation is eligible to sastisty its intangible Tax filling recuirement and elects to go so. Anter MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Tox filling recuirement and elects to go so. Ander MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 This Fee was 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fe	Zip	Country	Zip 	Country	5. Certificate of Status Desired	
9. This corporation is eligible to satisfy its Intangles. 9. This corporation is eligible to satisfy its Intangles. (See criteria on back) Till E NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Till E NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Till E NAME LAKE, BARBARA STREET ADDRESS 12	900 SUIT BOC	E, BARBARA NORTH FEDERAL HIGHWAY E 470 A RATON FL 33432		Street Addres	ss (P.O. Box Number is Not Acceptable)	l m o u
9. This corporation is eligible to satisfy its Intanglicity 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE TITLE TITLE TITLE TITLE TOPO 18. STREET ADDRESS TITLE TADRESS TITLE TADR		•		· .		
Tax fling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable (NO	TE: Registered Agent signature req	uired when reinstating) D.	ATE
TITLE NAME 90 N FEDERAL HWY #470 STREET ADDRESS CITY-ST-2P BOCA RATON FL TITLE NAME NAME STREET ADDRESS CITY-ST-2P BOCA RATON FL TITLE NAME NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET AD	Tax filing re	equirement and elects to do so.	After MAY 1, 2	000 Fee will be \$550.0	Trust Fund Contribution.	
LAKE, BARBARA 900 N FEDERAL HWY #470 BOCA RATON FL TITLE IMME INAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE IMME LAKE, USA 900 N FEDERAL HIGHWAY #470 Delete ITILE INAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE IMME IMME STREET ADDRESS CITY-ST-ZIP TITLE IMME IMME STREET ADDRESS CITY-ST-ZIP TITLE IMME IMME STREET ADDRESS CITY-ST-ZIP TITLE IMME IMME IMME IMME IMME IMME IMME IM					ADDITIONS/CHANGES TO OFFICERS	· <u>·</u>
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SIGNATURE: TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that wered to execute his repor ith all other like empowered	my signature shall have to tas required by Chapter d.	the same legal effect as if made under oath; the 607, Florida Statutes; and that my name appe	nat I am an officer or director ars in Block 11 or Block 12 if