

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90049 037 ***150.00

DOCUMENT # P95000003480 ✓

1. Entity Name
ACCUMEN MARKETING SPECIALISTS, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

100 EAST GRANADA BLVD **P.O. BOX 265174**

Suite, Apt. #, etc.

City & State **City & State**

ORMOND BEACH, FL **DAYTONA, FL**

Zip **Country** **Zip** **Country**

32176 **US** **32126-5174** **US**

00056164

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3302422**

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**

Name **VAUGHAN, KATHRYN, ESQ.**


Street Address (P.O. Box Number is Not Acceptable) **REINMAN, MATHESON, KOSTRO, VAUGHAN, P. A.**

110 EAST GRANADA BLVD., SUITE 104

City **FL** **Zip Code** **32176**

ORMOND BEACH

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  **4/26/00**

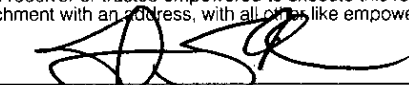
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVPT <input type="checkbox"/> Delete	NAME KANDEL, MARTIN M.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21 RIVER RIDGE TRAIL	CITY-ST-ZIP ORMOND BEACH FL	NAME	
TITLE DP <input type="checkbox"/> Delete	NAME COLTELLI, LARRY	STREET ADDRESS	
STREET ADDRESS 10 TALAMON BLVD	CITY-ST-ZIP ORMOND BEACH FL	CITY-ST-ZIP	
TITLE DS <input type="checkbox"/> Delete	NAME SCHLOSSBERG, STEVE	STREET ADDRESS	
STREET ADDRESS 1601 N. HALIFAX AVE	CITY-ST-ZIP DAYTONA BEACH FL	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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:  **4/26/00** **(904) 257-2026**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)