

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038422

1. Entity Name

ACCU-TECH TECHNICAL SERVICES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90124 026 ***150.00

Principal Place of Business

Mailing Address

6833 W RICH ST
CRYSTAL RIVER FL 34428

P.O. BOX 3647
HOMOSASSA SPRINGS FL 34447-3647

00001323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

833 NE Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

4. FEI Number

59-3314437

Applied For

Not Applicable

Zip

Country

Zip

Country

34428

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

KINGERY, STEVEN E
4341 S. CORBETT AVENUE
HOMOSASSA FL 34446

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	KINGERY, STEVEN E	
STREET ADDRESS	4341 S. CORBETT AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CAFFEE, HAROLD D JR.	
STREET ADDRESS	8621 W. CHARLYNN LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERNARD, DONALD G	
STREET ADDRESS	3656 N. BROOKSHIRE POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark A. Caffee	
STREET ADDRESS	1258 W. Buttonbush Dr.	
CITY-ST-ZIP	Beverly Hills, FL 34465	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caffee, Harold	
STREET ADDRESS	8621 W. Charlynn Ln	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Kingery Treas. 4/10/00

Date

Daytime Phone #