

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


7/17/2003-90038-036-\$150.00-\$150.00

*Page 1 of 2*

0160649 MB

**DOCUMENT # P95000051976**

1. Entity Name  
**ACCORD HUMAN RESOURCES OF FLORIDA II, INC.**



**FILED**  
03 AUG -4 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**410 WARE BLVD  
SUITE 716  
TAMPA FL 33619**

Mailing Address  
**210 PARK AVENUE  
SUITE 1200  
OKLAHOMA CITY OK 73102  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **59-3324219**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, JOHN L  
410 WARE BLVD  
SUITE 716  
TAMPA FL 33619**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CIVELLO, PETER J 6203 STONE ARABIA ROAD CICERO NY 13039</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO HAGEMAN, DALE 210 PARK AVENUE, SUITE 1200 OKLAHOMA CITY OK 73102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD JONES, JOHN L 410 WARE BLVD., SUITE 716 TAMPA FL 33619</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRICE, FORD C JR 210 PARK AVENUE, SUITE 1200 OKLAHOMA CITY OK 73102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BLAIK, SHERRI 210 PARK AVENUE STE 1200 OKLAHOMA CITY OK 73102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Signature* **7/2/03** **405-606-6272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



Because Running a Business Shouldn't Run You.

*Page 2 of 2*

Accord Human Resources, Inc.

Oklahoma Tower

210 Park Avenue

Suite 1200

Oklahoma City

Oklahoma

73102

405/232-9888

800/725-4004

FAX 405/232-9899

800/725-4049

www.accordhr.com

July 29, 2003

Attn: Tyrone Scott  
Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Reports

Dear Mr. Scott:

We never received the UBR forms this year, therefore we were late in filing them. Enclosed are **copies** of the 2003 Uniform Business Reports and letters we received back from the Department on July 23, 2003.

My assistant, Lynzi Black, spoke with you this morning, and said the late fee for all corporations had been waived. Please file these reports. Thank you for your courtesy. It appears the Department has kept our checks for \$150.00.

Please forward the forms next year to my attention.

If you have any questions regarding this issue, please do not hesitate to contact me.

Sincerely,

*Kayla Lawson Yanda*

Kayla Lawson Yanda  
Compliance Attorney

Enclosures

*per conversation didn't receive  
1st notice report*