

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006303

1. Entity Name
ACCORD CONSULTING, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90011 007 ***150.00

Principal Place of Business

**9256 PALAFOX ST
PENSACOLA FL 32534**

Mailing Address

**9256 PALAFOX ST
PENSACOLA FL 32534**

2. Principal Place of Business

7000 Pine Forest Rd

Suite, Apt. #, etc.

Suite F

City & State

Pensacola

Zip

32526

Country

US

3. Mailing Address

7000 Pine Forest Rd

Suite, Apt. #, etc.

Suite F

City & State

Pensacola FL

Zip

32526

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3355015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIGIROLAMO, MARIA
2302 BROOKWOOD PLACE
CANTONMENT FL 32533**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

MARIA DIGIROLAMO

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DIGIROLAMO, MARIA	
STREET ADDRESS	2302 BROOKWOOD PLACE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

MARIA DIGIROLAMO

Date

Daytime Phone #

3-12-01

CR2E034 (10/00)