

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017603

1. Entity Name

ACCURATE SERVICES, CORP.

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

02-14-2000 90017 020 ***150.00

Principal Place of Business

Mailing Address

1729 E. COMMERCIAL BLVD
FT. LAUDERDALE FL 33334

1729 E. COMMERCIAL BLVD
FT. LAUDERDALE FL 33334-5737

2. Principal Place of Business

1593 S. State Rd. 7

3. Mailing Address

1593 S. State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Lauderdale FL

City & State

North Lauderdale FL

4. FEI Number

65-0655921

Applied For

Not Applicable

Zip

33068

Country

Broward

Zip

33068

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, STEVE
1407 NE 56 ST
STE 202
FT LAUDERDALE FL 33334

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.

(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

TITLE P
NAME LAMBERT, STEVE
STREET ADDRESS 1407 NE 56TH STREET #202
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Delete

TITLE VP
NAME POST, JEFF
STREET ADDRESS 1368 SEAVIEW
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE S
NAME POST, MADELINE
STREET ADDRESS 1368 SEAVIEW
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Steve Lambert Steve Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

954-772-8800

Daytime Phone #