

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034105

1. Entity Name

ACCURATE COMPUTER SOLUTIONS, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90274 024 ***150.00

Principal Place of Business

Mailing Address

8902 N. DALE MABRY
#208
TAMPA FL 33634
US

13014 N. DALE MABRY
TAMPA FL 33618-2808
US

2. Principal Place of Business

3. Mailing Address

5332 Nutcracker Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O Lakes FL

City & State

4. FEI Number

59-3377401

Applied For

Not Applicable

Zip
34639

Country

USA

Zip

Country

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

FERRARO, RICHARD
8902 N. DALE MABRY
#208
TAMPA FL 33634

Name

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

13014 N. Dale Mabry Hwy

City

Tampa

FL

Zip Code

33618

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

4-25-00

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 PD
NAME FERRARO, RICHARD
STREET ADDRESS 4542 W. VILLAGE DR. STE. D
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE PD
NAME Ferraro, Richard
STREET ADDRESS 5332 Nutcracker Cir
CITY-ST-ZIP Land O Lakes FL 34639

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-00

Daytime Phone #

813-995-9177

CR2E034 (9/99)