

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90125 014 ***150.00

DOCUMENT # P96000035763

1. Entity Name
ACCURATE UTILITIES, INC.



Principal Place of Business
**220 NE BRAZILIAN CIR
PORT SAINT LUCIE FL 34952
US**

Mailing Address
**880 SW ST LUCIE WEST BLVD
PORT SAINT LUCIE FL 34986
US**

90003737



2. Principal Place of Business

880 SW ST LUCIE WEST BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Zip

34986

Country

US

Country

4. FEI Number **65-0672774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITESIDE, DAVID S
880 SW ST. LUCIE WEST BLVD.
PORT SAINT LUCIE FL 34986**

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

David Whiteside

1/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WHITESIDE, DAVID E**
STREET ADDRESS **220 NE BRAZILIAN CIR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **VP** ☐ Delete
NAME **WHITESIDE, STEPHANIE R**
STREET ADDRESS **220 NE BRAZILIAN CIR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DAVID WHITESIDE** ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **880 SW ST. LUCIE WEST BLVD**
CITY-ST-ZIP **PSL FL 34986**

TITLE **VP** ☒ Change ☐ Addition
NAME **STEPHANIE WHITESIDE**
STREET ADDRESS **880 SW ST. LUCIE WEST BLVD**
CITY-ST-ZIP **PSL FL 34986**

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

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

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

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

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:

David Whiteside

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 772-340 3772

CR2E034 (10/02)