

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000059600**

1. Entity Name

ACCUKEEP, INC.**FILED****Apr 28, 2000 8:00 am**
Secretary of State

04-28-2000 90079 026 ***150.00

Principal Place of Business

**8 CARDINAL DR
LONGWOOD FL 32779**

Mailing Address

**8 CARDINAL DR
LONGWOOD FL 32779-3054**

2. Principal Place of Business

20 Old Post Rd

3. Mailing Address

20 Old Post Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3393933

Applied For

Not Applicable

Zip

Country

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****LONG, JENNIFER
8 CARDINAL DR
LONGWOOD FL 32779**

Name

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

20 Old Post Rd.

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

*Leif Ann... Jennifer Long***4/20/00**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	LONG, JENNIFER	8 CARDINAL DR	LONGWOOD FL 32779	<input type="checkbox"/>			20 Old Post Rd.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	BROWN, MARTHA L	20 OLD POST ROAD	LONGWOOD FL 32779	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	VP	Christopher M. Brown	20 Old Post Rd	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Leif Ann... Jennifer Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

407-333-8859

Daytime Phone #

CR2E034 (9/99)