

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 044 ***150.00

DOCUMENT # **P90000094314**
1. Entity Name
ACCURATE INFORMATION SERVICES, INC.

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641607

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2. Principal Place of Business
2436 N. FED. HWY #245
Suite, Apt. #, etc.
City & State
LIGHTHOUSE PT., FL.
Zip
33064 Country
USA

3. Mailing Address
2436 N. FED. HWY.
Suite, Apt. #, etc.
#245
City & State
LIGHTHOUSE PT., FL.
Zip
33064 Country
USA

4. FEL Number
65-0722694
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
LAURIE NENORTAS
Street Address (P.O. Box Number is Not Acceptable)
2239 DISCOVERY CIRCLE WEST
City
DEERFIELD BEACH FL Zip Code
33442

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 **Laurie N. Nenortas** **PRESIDENT** **4/15/02**
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)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$650.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PN/ST
LAURIE NENORTAS
2239 DISCOVERY CIRCLE WEST
DEERFIELD BEACH, FL 33442**

TITLE
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Laurie N. Nenortas Pres.** **4/15/02** **954-427-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)