

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046084

1. Entity Name  
ACCP GROUP, INC.

**FILED**  
**Sep 21, 2000 8:00 am**  
**Secretary of State**

09-21-2000 90002 022 \*\*\*550.00

Principal Place of Business  
965 N NOGHILL ROAD  
STE 179  
FORT LAUDERDALE FL 33324  
US

Mailing Address  
965 N. NOGHILL ROAD  
STE 179  
FORT LAUDERDALE FL 33324  
US

2. Principal Place of Business  
965 N. Noghill Rd.  
Suite, Apt. #, etc.  
179

3. Mailing Address  
965 N. Noghill Rd  
Suite, Apt. #, etc.  
STE 179

City & State  
Fl. Lauderdale FL

City & State  
Ft. Lauderdale FL

Zip  
33324

Country  
Broward

Zip  
33324

Country  
Broward

4. FEI Number  
65-0793384

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MIGNOTT, ANDREW  
965 N. NOGHILL ROAD  
SUITE 178  
FORT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent  
Name  
ANDREW MIGNOTT  
Street Address (P.O. Box Number is Not Acceptable)  
965 N. NOGHILL Rd  
SUITE 178  
City  
Fl. Lauderdale FL Zip Code  
33324

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P MIGNOTT, ANDREW 9701 N W 18TH COURT PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ANDREW MIGNOTT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/21/00

Date

954 612223

Daytime Phone #

CP2E034 (5/00)