

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90140 027 ***150.00

DOCUMENT # P97000051476

1. Entity Name
ACCARDI INVESTMENTS, INC.



Principal Place of Business
2300 BAY DRIVE
POMPANO BEACH FL 33062

Mailing Address
909 S FEDERAL HWY
POMPANO BEACH FL 33062

20021173



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0760822

Applied For
Not Applicable

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

ACCARDI, EDMUND
909 S FEDERAL HWY
POMPANO BEACH FL 33062

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete
NAME ACCARDI, EDMUND
STREET ADDRESS 909 S FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE **PRESIDENT - DIRECTOR** ☒ Change ☐ Addition
NAME EDMUND ACCARDI
STREET ADDRESS 909 S FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE DP ☐ Delete
NAME ACCARDI, CHARLOTTE
STREET ADDRESS 909 S FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME CHARLOTTE ACCARDI
STREET ADDRESS 909 S FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE DST ☐ Delete
NAME ACCARDI, JOEY
STREET ADDRESS 909 S FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *EDMUND ACCARDI* **EDMUND ACCARDI** **1/8/03** **904-941-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)