

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057557

1. Entity Name

ACCURATE PLACEMENT AGENCY, INC.

Principal Place of Business

Mailing Address

1896 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33409  
US

1896 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0765180

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

CARPENTER, SHARON A  
C/O ACCURATE PLACEMENT  
1896 PALM BCH LKS BLVD #201  
WEST PALM BEACH FL 33409

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.

SIGNATURE

*Sharon A Carpenter*

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 ☐ *no intangible*

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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  
D CARPENTER, SHARON A 1896 PALM BEACH LAKES BLVD 561 712 WEST PALM BEACH FL 33409 0453

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

*Sharon A Carpenter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 10, 2001 8:00 am  
Secretary of State

01-10-2001 90069 007 \*\*\*150.00

A0002244



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)