

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076543

1. Entity Name

Accurate Communication Services, Inc.

Principal Place of Business

Rt. 11 Box 36202  
Pinemount Rd.

Lake City, Florida 32024

Mailing Address

PO Box 1592

Lake City, Florida 32056

2. Principal Place of Business  
Rt. 11 Box 36202

3. Mailing Address  
PO Box 1592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

Lake City, Florida

4. FEI Number

59-3464761

Applied For

Not Applicable

Zip  
32024

Country

Columbia

Zip

32056

Country

Columbia

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

C0043111

6. Name and Address of Current Registered Agent

Lawrence Bowen  
Rt 11 Box 36202  
Lake City, Florida 32024

7. Name and Address of New Registered Agent

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

*Lawrence D. Bowen*

*Lawrence D. Bowen*

*3/17/00*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Lawrence Bowen  
Rt 11 Box 36202  
Lake City, Florida 36024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President/ Sect.  
Nicholas L. Kottyan  
Rt 11 Box 36202  
Lake City, Florida 32024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

*Nicholas L. Kottyan*

Nicholas L. Kottyan

3/17/00

904-752-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)