

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015705

1. Entity Name

ACCURATE PIPELINE, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90089 005 \*\*\*158.75

Principal Place of Business

Mailing Address

9000 94TH AVE N  
SEMINOLE FL 33777  
US

PO BOX 10007  
LARGO FL 33773-0007  
US

2. Principal Place of Business

6880-46 Avenue N.

Suite, Apt. #, etc.  
Suite 240

3. Mailing Address

P.O. Box 10007

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip  
33709

Country  
USA

City & State

Largo, FL

Zip  
33773

Country  
USA

4. FEI Number

59-3493886

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, JOHN W  
9000 94TH AVE N  
SEMINOLE FL 33777

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

*John W Reed*

President/Director 4/6/00

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)

☒ XX

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD Vice President  
BROWN, MICHAEL J  
1321 MONTEREY BLVD. NE  
ST. PETERSBURG FL 33704

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD President  
REED, JOHN W  
9000 94TH AVE N  
SEMINOLE FL 33777

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000-94 Avenue N.  
Seminole, FL 33777

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change ☐ Addition

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:

*John W Reed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Director 4/6/00 727-545-9076

Date

Daytime Phone #

CR2E034 (9/99)