

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91794 026 \*\*\*150.00

0497148 AV

**DOCUMENT # P98000015705**

1. Entity Name  
**ACCURATE PIPELINE, INC.**



Principal Place of Business  
**6880 46 AVENUE N  
SUITE 240  
SAINT PETERSBURG FL 33709  
US**

Mailing Address  
**PO BOX 10007  
LARGO FL 33773  
US**



2. Principal Place of Business

**8098 91st Terrace North P.O. Box 10007**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**St Petersburg FL**

City & State  
**Largo FL**

4. FEI Number **59-3493886**

Applied For  
☐ Not Applicable

Zip  
**33773**

Country  
**USA**

Zip  
**33773**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Reed, John W**  
Street Address (P.O. Box Number is Not Acceptable)  
**8098 91st Terrace North  
St. Petersburg FL 33773**

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 **John W Reed**

**4/30/03**

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

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete  
NAME **BROWN, MICHAEL J**  
STREET ADDRESS **1321 MONTEREY BLVD., N.E.**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **Reed, John W**  
STREET ADDRESS **8098 91st Terrace North**  
CITY-ST-ZIP **St. Petersburg, FL 33773**

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

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

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 727-545-9076**

Date

Daytime Phone #

CR2E034 (10/02)