

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90003 007 \*\*\*150.00

**DOCUMENT # P98000058330**

1. Entity Name

**ACCORD COMMUNICATIONS TECHNOLOGICAL SERVICES, IN**

Principal Place of Business

Mailing Address

**122 N SINCLAIR AVE  
TAVARES FL 32778  
US****122 N SINCLAIR AVE  
TAVARES FL 32778  
US**

2. Principal Place of Business

**333 W. ALFRED STREET**

3. Mailing Address

**333 W. ALFRED STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**TAVARES, FL**City & State  
**TAVARES, FL**4. FEI Number **59-3551389**

Applied For

Not Applicable

Zip  
**32778**

Country

Zip  
**32778**

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****OTTO, TERRANCE A  
122 N SINCLAIR AVE  
TAVARES FL 32778**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**333 W. ALFRED STREET**City  
**TAVARES****FL**Zip Code  
**32778**

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

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, 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	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>OTTO, TERRANCE A</b>	<b>122 N SINCLAIR AVE</b>	<b>TAVARES FL 32778</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>333 W. ALFRED STREET</b>	<b>TAVARES, FL 32778</b>	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)