

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90538 026 \*\*\*150.00

**DOCUMENT # P98000058330**

**1. Entity Name**  
**ACCORD COMMUNICATIONS TECHNOLOGICAL SERVICES, INC.**



**Principal Place of Business**  
**333 W ALFRED STREET 102 N. St. Clair - Abrams Ave**  
**TAVARES FL 32778**  
**US**

**Mailing Address**  
**333 W ALFRED STREET 102 N. St. Clair Abrams Ave**  
**TAVARES FL 32778**  
**US**



**2. Principal Place of Business**  
**102 N. SAINT CLAIR ABRAMS AVE**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**102 N. SAINT CLAIR ABRAMS AVE.**  
**Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**TAVARES, FL**

**City & State**  
**TAVARES, FL**

**4. FEI Number**  
**59-3551389**

**Applied For**  
**Not Applicable**

**Zip**  
**32778**

**Country**

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

**6. Name and Address of Current Registered Agent**  
**OTTO, TERRANCE A**  
**333 W ALFRED STREET 102 N. SAINT CLAIR ABRAMS AVE.**  
**TAVARES FL 32778**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Terrance A Otto* **4/22/03**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>OTTO, TERRANCE A</b> <b>333 W ALFRED STREET 102 N. St. Clair Abrams Ave</b> <b>TAVARES FL 32778</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>102 N. SAINT CLAIR ABRAMS AVE.</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Vice President</b> <b>Adriana Otto</b> <b>102 N. St. Clair Abrams Ave</b> <b>TAVARES FL 32778</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**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 REQUIRED* **4/22/03** **352 343 1314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)