

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90086 028 \*\*\*150.00

**DOCUMENT # P98000093950**

1. Entity Name

**ACCREDITED BUILDING SERVICES, INC.**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
980 MAIN ST.  
SAFETY HARBOR FL 34695**Mailing Address**  
980 MAIN ST.  
SAFETY HARBOR FL 34695-3454**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 65-0877375Applied For  
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MUNRO, STUB**  
980 MAIN ST.  
SAFETY HARBOR FL 34695**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

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>MUNRO, STUB</b>	<b>980 MAIN ST.</b>	
		<b>SAFETY HARBOR FL 34695</b>		
	<b>P</b>	<b>RINALDO, DANIEL</b>	<b>980 MAIN ST.</b>	
		<b>SAFETY HARBOR FL 34695</b>		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:****Daniel Rinaldo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-30-00 727-458-2464**  
Date Daytime Phone #