

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008903

1. Entity Name

ACCU-TYPE BUSINESS SERVICES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90188 003 ***150.00

Principal Place of Business

Mailing Address

20411 COZUMEL COURT
BOCA RATON FL 33498

20411 COZUMEL COURT
BOCA RATON FL 33498-6771

2. Principal Place of Business

3. Mailing Address

9172 C Boca Gardens Pkwy
Suite, Apt. #, etc.

9172 Boca Gardens Pkwy
C
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL
Zip
33496
Country
USA

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Boca Raton FL
Zip
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Country
USA

4. FEI Number
65-0894643

Applied For
Not Applicable

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

DOMOSH, SANDRA L
20411 COZUMEL COURT
BOCA RATON FL 33498

Name
SANDRA L. DOMOSH
Street Address (P.O. Box Number is Not Acceptable)
9172 C Boca Gardens Pkwy
City Boca Raton FL Zip Code 33496

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	D DOMOSH, SANDRA L 20411 COZUMEL COURT BOCA RATON FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sandra L. Domosh 9172 C Boca Gardens Pkwy Boca Raton FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)