

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90031 015 \*\*\*150.00

**DOCUMENT # P99000008903**

1. Entity Name

ACCU-TYPE BUSINESS SERVICES, INC.



Principal Place of Business

9172 C BOCA GARDENS PKWY  
BOCA RATON FL 33496

Mailing Address

9172 C BOCA GARDENS PKWY  
BOCA RATON FL 33496

2. Principal Place of Business

18232 104th Terr S

Suite, Apt. #, etc.

3. Mailing Address

18232 104th Terr S

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip  
33498

Country  
USA

Zip  
33498

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

DOMOSH, SANDRA L  
9172 C BOCA GARDENS PKWY  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name Domosh, Sandra L.

Street Address (P.O. Box Number is Not Acceptable)

18232 104th Terr S

City Boca Raton

**FL**

Zip Code  
33498

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

Sandra L. Domosh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DOMOSH, SANDRA L  
STREET ADDRESS 9172 C BOCA GARDENS PKWY  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE P ☒ Change ☐ Addition  
NAME Sandra L. Domosh  
STREET ADDRESS 18232 Boca 104th Terr S  
CITY-ST-ZIP Boca Raton, FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Sandra L. Domosh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Date

561883-1926

Daytime Phone #