**FILED** 

Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90092 001 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000008903 **DOCUMENT #**

ACCU-TYPE BUSINESS SERVICES, INC.

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	(				GOO WE THE		
Principal Place of Business 9172 C BOCA GARDENS PKWY BOCA RATON FL 33496			Mailing Address 9172 C BOCA GARDENS PKWY BOCA RATON FL 33496				<b>[8]</b>
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FEI Number 65-0894643 Applied For	
Zip Country			Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	DIE
	6. Name	and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent	
DOMOSH, SANDRA L					Name	7. Name and Address of New Registered Agent	
					Street Address	ess (P.O. Box Number is Not Acceptable)	_
	30ca gare Aton FL 33	ens PKWY 496			- Chicot Address		
٤					City	FL Zip Code	
8. The above the obliga	e named entit tions of regis	y submits this statement fo tered agent.	r the purpose of changing	its registere	ed office or regist	istered agent, or both, in the State of Florida. I am familiar with, and accept	pt
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (No	OTE: Registered	d Agent signature requi	quired when reinstating) DATE	
Afte Make Checl	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	9
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\neg$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9172 C B	SANDRA L DCA GARDENS PKWY TON FL 33496	☐ Delete			☐ Change ☐ Addith	ion
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title Namé		-	☐ Delete	TITLE	Į.	☐ Change ☐ Addition	on
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME	T ADDRESS	Change Addition	nc

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 attackment with an address, with all other tike empowered.

SIGNATURE: