


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90029 043 ***550.00

DOCUMENT # P99000015521

1. Entity Name
ACCURATE SCALE & EQUIPMENT COMPANY, INC.



Principal Place of Business
**309 ALTAMONTE COMMERCE BLVD
 #1512
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**309 ALTAMONTE COMMERCE BLVD
 #1512
 ALTAMONTE SPRINGS FL 32714**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3572132**

Applied For
 Not Applicable

Zip Country Zip Country

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

**PIERCEFIELD, DAVID S
 230 LOOKOUT PLACE, SUITE 200
 MAITLAND FL 32751**

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 David S. Piercefield DATE 9-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	HILLEY, DANIEL JR
STREET ADDRESS	1065 ROYAL OAKS DR
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> Delete
NAME	HILLEY, MARY M
STREET ADDRESS	608 PARKWOOD AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another I am empowered.

SIGNATURE: *[Signature]* **Signature and typed or printed name of signing officer or director** Daniel Hilley Jr. DATE 9-8-03 Daytime Phone # 407-988-1331

CR2E034 (4/03)