

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90420 035 ***158.75

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1. Entity Name
ACCOUNT INTERNATIONAL CORP.



Principal Place of Business
**1516 E. COLONIAL DR., STE 102
ORLANDO FL 32803-4733**

Mailing Address
**1516 E. COLONIAL DR., STE 102
ORLANDO FL 32803-4733**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
107

Suite, Apt. #, etc.
107

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3565587**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTIGLIATTI, FERNANDA
6131 SAINT IVES BOULEVARD
ORLANDO FL 32819**

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 *Fernanda Portigliatti*

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

(NOTE: Registered Agent signature required when reinstating)

04/29/2003

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 **PD** ☐ Delete
NAME **PORTIGLIATTI, ANTONIO**
STREET ADDRESS **6131 SAINT IVES BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PORTIGLIATTI, ANTHONY B.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **WAISSMANN, LUIZ**
STREET ADDRESS **10086 BRANDON CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☒ Change ☐ Addition
NAME **8353 LAKE CROWELL CIR.**
STREET ADDRESS **ORLANDO, FL 32836**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WAISSMANN, CLEIDE**
STREET ADDRESS **8761 ALEGRE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE **DT** ☐ Delete
NAME **MAIA, PAULO R**
STREET ADDRESS **5604 LONG IRON DR., #1922**
CITY-ST-ZIP **ORLANDO FL 32839-3294**

TITLE ☒ Change ☐ Addition
NAME **3837 DOUBLE EAGLE DR**
STREET ADDRESS **ORLANDO, FL 32839-3521**
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.29.2003

Date

Daytime Phone #

CR2E034 (10/02)