

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90033 002 ***150.00

00081419

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000034213

1. Entity Name

Account Representatives, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

169 South Beach Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

32084 - USA

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-24-00

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 #

8-24-00 904-829-2407

CR2E034 (9/99)

Attachment
DHPR 900W3421-
DW81449

Account Representatives, Inc.
169 South Beach Dr.
St. Augustine, FL 32084
Ph: 904-829-2407
Fax: 904-829-2954

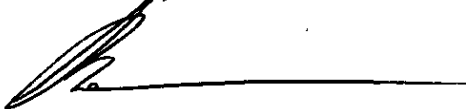
August 24, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Account Representatives is a corporation that was opened in April of 1999. The plans for the corporation were put on hold and the corporation has not been used up to this time. We now have the need to activate this corporation and have applied for an FEI#. We have since learned that the corporation is delinquent on payment for the filing fee. We never received the notice for the filing fee due to a move from 100 Boardwalk Dr. #828, Ponte Vedra to 169 South Beach Dr., St. Augustine. We regret this oversight and hope you will accept this letter, form, and enclosed check for \$150.00 to bring account current.

Sincerely,



Sally Vermeulen
Account Representatives