

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065106

1. Entity Name

ACCENT YOUR HOME, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90056 034 ***150.00

00016367



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% LYNNE G. BROOKS
11307 APOLINE COURT
JACKSONVILLE FL 32223

Mailing Address

% LYNNE G. BROOKS
11307 APOLINE COURT
JACKSONVILLE FL 32223

2. Principal Place of Business

5133 SANJOSE BLVD

3. Mailing Address

5133 SANJOSE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

4. FEI Number

59-3588679

Applied For

Not Applicable

Zip

32207

Country

DUVAL

Zip

32207

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, LYNNE G
11307 APOLINE COURT
JACKSONVILLE FL 32223

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

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, 2001 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

TITLE PD
NAME BROOKS, LYNNE G
STREET ADDRESS 11307 APOLINE COURT
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE SD
NAME SMITH, JUDITH B
STREET ADDRESS 8277 HUNTERS GROVE RD
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Lynne G. Brooks* LYNNE G. BROOKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129-01 (904) 733-2223

Date Daytime Phone #

CR2E034 (10/00)