

2000 UNIFORM BUSINESS REPORT (UBR)

7/10/00-7000/-020-5130.00-5130.00

DOCUMENT # P99000073627

1. Entity Name

BILLING SOLUTIONS OF SOUTH FLORIDA, INC.



Principal Place of Business

7693 BRUNSON CIR.
LAKE WORTH FL 33467

Mailing Address

7693 BRUNSON CIR.
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0940616

Applied For

Not Applicable

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

ACCARDI, STACEY L
7693 BRUNSON CIR.
LAKE WORTH FL 33467

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DPY	<input type="checkbox"/> Delete
NAME	ACCARDI, STACEY L	
STREET ADDRESS	7693 BRUNSON CIR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JOANNE M	
STREET ADDRESS	7693 BRUNSON CIR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINER, JONATHAN	
STREET ADDRESS	2284 ALFORD WAY	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stacey L. Accardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
00 SEP 27 PM 3: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG 17 2000



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Traylor, Gratton, Beaumont & Kocielko, L.L.P.

A Partnership of Professional Associations
Certified Public Accountants

Attachment

P9900067362

ACCT723

1260 South Federal Highway, Suite 101
Boynton Beach, Florida 33435
Telephone (561) 737-7900
Facsimile (561) 737-7924

4400 PGA Boulevard, Suite 700
Palm Beach Gardens, Florida 33410
Telephone (561) 622-5355
Facsimile (561) 776-8751

MEMORANDUM

DATE: September 11, 2000

TO: Department of State

FROM: Stacey L. Accardi 

RE: STACEY L. ACCARDI, P.A. AND BILLING
SOLUTIONS OF SOUTH FLORIDA, INC.

Enclosed please find corporate annual reports for the above referenced corporations. These were both originally mailed prior to the may 1, 2000 deadline. Neither of the checks has been cashed and we have received second notifications for both.

I am enclosing the forms with original signatures and request that you process these with abatement of the late filing penalty.