

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90186 028 ***150.00

DOCUMENT # P99000097416

1. Entity Name

ACCURATE METAL SERVICES INC.

Principal Place of Business

**1010 RAINBOW CIRCLE
EUSTIS FL 32726**

Mailing Address

**2337 PHILMONTE AVE
#106
HUNTINGDON VALLEY PA 19006
US**

2. Principal Place of Business

25219 N.E. 133rd Lane

3. Mailing Address

1021 Mill Creek Drive #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort McCon FLA

City & State

Franklin, Pa

Zip

Country

32134 USA

Zip

Country

19053 USA

4. FEI Number

23-3020404

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

**MERCURE, HOWARD
1010 RAINBOW CIRCLE
EUSTIS FL 32726**

Name

Street Address (P.O. Box Number is Not Acceptable)

25219 N.E. 133rd Lane

City

Fort McCon

FL

Zip Code

32134

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, 2002 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 **P** ☐ Delete
NAME **MERCURE, HOWARD**
STREET ADDRESS **1010 RAINBOW CIRCLE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☒ Change ☐ Addition
NAME **25219 N.E. 133rd Lane**
STREET ADDRESS **Fort McCon FL 32134**
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
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TITLE ☐ Change ☐ Addition
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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 #

4-24-02

CR2E034 (9/01)