

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098404

1. Entity Name

~~STACY~~ L. ACCARDI, P.A.

Stacey

R

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90007 027 ***150.00

Principal Place of Business

7693 BRUNSON CIRCLE
LAKE WORTH FL 33467

Mailing Address

7693 BRUNSON CIRCLE
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

65-0981561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Stacey L. Accardi
Street Address (P.O. Box Number is Not Acceptable)
7693 Brunson Circle
City Lake Worth FL Zip Code 33467

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

TITLE PSTD
NAME ACCARDI, STACY L
STREET ADDRESS 7693 BRUNSON CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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

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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:

Stacey L. Accardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00
Date

Daytime Phone #

CR2E034 (5/00)

Attachment # p99000098404
ACCOM 4

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

A Partnership of Professional Associations
Certified Public Accountants

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 *SA*
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.