

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103208

1. Entity Name

ACCELERATED MANAGEMENT CORPORATION

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90033 013 ***150.00

Principal Place of Business

Mailing Address

2700 W. ATLANTIC BLVD
SUITE 204
POMPANO BEACH FL 33069

75 WEST STREET
SIMSBURY CT 06070

2. Principal Place of Business

3. Mailing Address

2700 W. Atlantic Blvd

Suite, Apt. #, etc.

Ste 205

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach FL

Zip

Country

33069

Broward

Zip

Country

4. FEI Number 65-0965515

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PASTOR, GERALD H
STREET ADDRESS 75 WEST ST
CITY-ST-ZIP SIMSBURY CT 06070

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

TITLE ASD ☐ Delete
NAME SAVINO, HEIDI
STREET ADDRESS 75 WEST ST
CITY-ST-ZIP SIMSBURY CT 06070

TITLE ASD + VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WILSON, KATHLEEN
STREET ADDRESS 75 WEST ST
CITY-ST-ZIP SIMSBURY CT 06070

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

TITLE T ☐ Delete
NAME LAWRENCE, RICHARD
STREET ADDRESS 75 WEST ST
CITY-ST-ZIP SIMSBURY CT 06070

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

TITLE V ☒ Delete
NAME KERR, GREG
STREET ADDRESS 160 NW 96 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VP ☐ Change ☒ Addition
NAME Trace Cox
STREET ADDRESS 2700 W. Atlantic Blvd #205
CITY-ST-ZIP Pompano Beach FL 33069

TITLE V ☒ Delete
NAME WROTH, JONATHAN
STREET ADDRESS 17165 128TH TRAIL A
CITY-ST-ZIP JUPITER FL 33478

TITLE VP ☐ Change ☒ Addition
NAME Richard Ficca
STREET ADDRESS 2700 W. Atlantic Blvd #205
CITY-ST-ZIP Pompano Beach FL 33069

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: Heidi A Savino Heidi A. Savino 4-18-01 860-843-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)