

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90145 046 \*\*\*150.00

**DOCUMENT # S22064**

1. Entity Name

**ACCU-TEL AUDITING, INC.**

Principal Place of Business

Mailing Address

**CHESTER CIR  
 SUITE 105  
 JACKSONVILLE FL 32217**

**6015 CHESTER CIR  
 SUITE 105  
 JACKSONVILLE FL 32217-2270  
 US**

**340155**

2. Principal Place of Business

**6935 LA LOMA DR  
 Suite, Apt. #, etc.**

3. Mailing Address

**6271-24 ST AUGUSTINE RD  
 Suite, Apt. #, etc.  
 PMB 335**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3044148**

Applied For

Not Applicable

Zip

**32217**

County

**DUVAL**

Zip

**32217**

County

**DUVAL**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SAFER, ELIOT J  
 4925 BEACH BLVD  
 SUITE 101  
 JACKSONVILLE FL 32207**

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	GENDZIER, SHELDON	
STREET ADDRESS	6935 LA LOMA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	S	<input type="checkbox"/> Delete
NAME	GENDZIER, SHELDON	
STREET ADDRESS	6935 LALOMA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

**SIGNATURE REQUIRED**  
**SHELDON GENDZIER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/00**  
 Date

**904 733-5021**  
 Daytime Phone #

CE 1:034 19/99