

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90339 012 \*\*\*150.00

US30159 AV

**DOCUMENT # S26847**

1. Entity Name  
**CORPORATE ACCOUNTING GROUP, INC.**

**B0074939**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5883 LAKE WORTH RD  
 LAKE WORTH FL 33463  
 US**

Mailing Address

**5883 LAKE WORTH RD  
 LAKE WORTH FL 33463  
 US**

2. Principal Place of Business

**515 N. Flagler Dr.**

Suite, Apt. #, etc.

**Suite 703**

3. Mailing Address

**515 N. Flagler Dr.**

Suite, Apt. #, etc.

**Suite 703**

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

4. FEI Number

**65-0236352**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICHAEL GRAHAM  
 5883 LAKE WORTH RD  
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

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

**515 N. Flagler Drive - Suite 703**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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

TITLE **P** ☐ Delete  
 NAME **GRAHAM, MICHAEL**  
 STREET ADDRESS **5883 LAKE WORTH RD**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **515 N. Flagler Drive - Suite 703**  
 CITY-ST-ZIP **West Palm Beach, FL 33401**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael J. Graham**

**4/4/02 (561) 515-3200**

Date

Daytime Phone #

CR2E034 (9/01)