

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68857

1. Entity Name

ACCORD PERSONNEL INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90804 010 ***150.00

Principal Place of Business

Mailing Address

4040 W WATERS
 SUITE 800
 TAMPA FL 33614
 US

4040 W WATERS AVE
 SUITE 800
 TAMPA FL 33614-1996
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE. 1600

City & State

Zip

Country

Suite, Apt. #, etc.

STE. 1600

City & State

Zip

Country

4. FEI Number 59-3076780

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

DYSLAND, DON
 164 4TH AVE N
 TIERRA VERDE FL 33715

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV ☐ Delete
 NAME DYSLAND, DON
 STREET ADDRESS 164 4TH AVE N
 CITY-ST-ZIP TIERRA VERDE FL

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

TITLE VS ☐ Delete
 NAME ADAMS, MICHELE
 STREET ADDRESS 4015 BAYSHORE BLVD. STE 7A
 CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 of Don Dysland 1/20/2000 (813) 880-9314
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)