

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90028 027 \*\*\*158.75

DOCUMENT # 698990

1. Entity Name

ACCREDITED SOLUTIONS I, INC.

Principal Place of Business

5517 N.W. 99TH TERRACE  
GAINESVILLE FL 32606

Mailing Address

5517 N.W. 99TH TERRACE  
GAINESVILLE FL 32606

2. Principal Place of Business

4140 NW 27<sup>th</sup> LANE

3. Mailing Address

4140 NW 27<sup>th</sup> LANE

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-2114925

Applied For

Not Applicable

Zip

32606

Country

ALACHUA

Zip

32606

Country

ALACHUA

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

HOOD, L. FREDERICK  
5517 NW 99TH TERRACE  
GAINESVILLE FL 32606

Name

QUIRK, ERIKA W.

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

4140 NW 27<sup>th</sup> LANE

SUITE F

City

GAINESVILLE

FL

Zip Code

32606

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	P	<input checked="" type="checkbox"/> Delete
NAME	HOOD, L. FREDERICK	
STREET ADDRESS	5517 NW 55 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOOD, BARBARA J.	
STREET ADDRESS	5517 NW 55 TERRACE	
CITY-ST-ZIP	GAINESVILLE 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIRK, ERIKA W.	
STREET ADDRESS	4140 NW 27 <sup>th</sup> LANE (SUITE F)	
CITY-ST-ZIP	GAINESVILLE, FL, 32606	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTHER, NANCY E.	
STREET ADDRESS	4140 NW 27 <sup>th</sup> LANE (SUITE F)	
CITY-ST-ZIP	GAINESVILLE, FL, 32606	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIKA W. QUIRK

1/23/01

Date

352-378-8367

Daytime Phone #

CR2E034 (10/00)