

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90091 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063001

1. Entity Name

ACCREDITED SOLUTIONS IV, INC.

DO NOT WRITE IN THIS SPACE

B0051498

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4140 NW 27 LANE

3. Mailing Address

4140 NW 27 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE F

STE F

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3736243

Applied For

Not Applicable

Zip

32606

Country

USA

Zip

32606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ERIKA W. QUIRK

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

4140 NW 27 LANE

STE F

City

GAINESVILLE

FL

Zip Code

32606

**DO NOT WRITE
IN THIS SPACE**

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

Erika W. Quirk

Erika W. Quirk President

3/13/02

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
QUIRK, ERIKA W
4140 NW 27 LANE, STE F
GAINESVILLE FL 32606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
WALTHER, NANCY E
4140 NW 27 LANE, STE F
GAINESVILLE FL 32606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CD
WALTHER, ROBERT H
4140 NW 27 LANE, STE F
GAINESVILLE FL 32606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Erika W. Quirk

Erika W. Quirk, President

3/13/02

352-378-8367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E024B (12/01)