

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703211

1. Entity Name

ACT, CORP.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90033 039 ****61.25

Principal Place of Business

Mailing Address

1220 WILLIS AVE
DAYTONA BEACH FL 32114-2810

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DAYTONA BEACH FL 32114-2810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0976866

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COBLE, KERMIT J.
511 NORTH OLEANDER AVENUE
DAYTONA BEACH FL 32014

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS DUNN, LUCKEY M.D.
CITY-ST-ZIP 155 S HALIFAX AVE
DAYTONA BEACH FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SESSION, WILLIE MAE
CITY-ST-ZIP 1108 LAKEWOOD PARK DR
DAYTONA BCH FL 32117

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

TITLE ☐ Delete
NAME P
STREET ADDRESS LAROSA, PETER
CITY-ST-ZIP 1825 WHIPPOORWILL LANE
DELAND FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS CHAPPELLE, LOIS
CITY-ST-ZIP 65 CROOKED PINE ROAD
PORT ORANGE FL 32124

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BENEDICT, JOSEPH
CITY-ST-ZIP P.O. BOX 10809
DAYTONA BEACH FL 32120

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KELLY, THOMAS
CITY-ST-ZIP 89 S ATLANTIC AVE #1004
ORMOND BEACH FL 32176

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)