2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64364

1. Entity Name

A.C.I. CONSULTANTS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90001 033 ***158.75

Principal Place of Business	Mailing Address
115 FRONT ST. #303 KEY WEST FL 33040 US	115 FRONT ST. STE 303 KEY WEST FL 33040-8345 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
320 Watercress DR		320 Watercress DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Roswell, GA		City & State: Roswell, GA	
Zip: 30076	Country: USA	Zip: 30076	Country: USA

4. FEI Number 58-1768694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, ALLEN J. 115 FRONT ST #303 KEY WEST FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, PATRICIA S. 115 FRONT ST #303 KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, PATRICIA S. 320 Watercress DR Roswell, GA 30076	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Patricia S. Cooper PATRICIA S. COOPER 4-25-00 (770) 998-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #