

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90001 032 ***158.75

DOCUMENT # P95000085467

1. Entity Name

HBO-ACI, INC.

Principal Place of Business

115 FRONT STREET, #303
 KEY WEST FL 33040

Mailing Address

115 FRONT STREET, #303
 KEY WEST FL 33040-8345

2. Principal Place of Business

320 Watercress Dr
 Suite, Apt. #, etc.

3. Mailing Address

320 Watercress Dr
 Suite, Apt. #, etc.

City & State

Roswell, GA

City & State

Roswell, GA

4. FEI Number

65-0632826

Applied For

Not Applicable

Zip

30076

Country

USA

Zip

30076

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
 201 SOUTH BISCAYNE BOULEVARD
 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|------------------------------|-------------------------------|--------------------------|--|
| | COOPER, ALLEN J | 115 FRONT STREET, #303 | KEY WEST FL 33040 | <input checked="" type="checkbox"/> |
| | COOPER, PATRICIA S | 115 FRONT STREET, #303 | KEY WEST FL 33040 | <input type="checkbox"/> |
| | ABOU-CHIEDID, ELIAS S | 115 FRONT STREET, #303 | KEY WEST FL 33040 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------------|
| | COOPER, PATRICIA S. | 320 Watercress Dr | Roswell, GA 30076 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | ABOU-CHIEDID, ELIAS S. | 320 Watercress Dr | Roswell, GA 30076 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Patricia S. Cooper **PATRICIA S. Cooper**

Date

Daytime Phone #

4-25-00 (770) 998-5501

CR2E034 (9/99)