

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 538524**1. Entity Name  
ASSOCIATED COMPUTER TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1449 CRICKET HOLLOW LN	1449 CRICKET HOLLOW LN
JACKSONVILLE FL 32259	JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-1766789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**NICKENS L C  
1449 CRICKET HOLLOW LNJACKSONVILLE FL  
32259 US**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 \_\_\_\_\_ **02/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	VT	<input type="checkbox"/> Delete
NAME	COTTON SHERAN	
STREET ADDRESS	11512 N RIDGE CR WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTON SHERAN	
STREET ADDRESS	11512 N RIDGE CR WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	VT	<input type="checkbox"/> Delete
NAME	NICKENS, L. CAROLYN	
STREET ADDRESS	1449 CRICKET HOLLOW LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKENS, L. CAROLYN	
STREET ADDRESS	1449 CRICKET HOLLOW LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE	PD	<input type="checkbox"/> Delete
NAME	NICKENS L C	
STREET ADDRESS	1449 CRICKET HOLLOW LN	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKENS L C	
STREET ADDRESS	1449 CRICKET HOLLOW LN	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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: L. C. NICKENS**

PD

02/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)