

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742610

1. Entity Name

ACTT, INCORPORATED OF MADISON

Principal Place of Business

P.O. BOX 576  
MADISON FL 32340

Mailing Address

P.O. BOX 576  
MADISON FL 32341-0576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1859208

Applied For

Not Applicable

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

WYNN, ALMA MCKINNEY  
ROUTE 3 BOX 737  
HAVANA FL 32333

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 D ☐ Delete  
NAME FRANKLIN, MAXINE  
STREET ADDRESS MOSLEY HALL ROAD  
CITY-ST-ZIP MADISON FL

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

TITLE D ☐ Delete  
NAME WILKINS, THEOLA  
STREET ADDRESS 508 SW MACON ST  
CITY-ST-ZIP MADISON FL

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

TITLE D ☐ Delete  
NAME MCKINNEY, IRENE  
STREET ADDRESS 603 FRALEIGH ST.  
CITY-ST-ZIP MADISON FL

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

TITLE TD ☐ Delete  
NAME THOMAS, MARY  
STREET ADDRESS SECOND STREET  
CITY-ST-ZIP MADISON FL

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

TITLE PD ☐ Delete  
NAME NICHOLSON, VALENTINE  
STREET ADDRESS 605 SMITH ST  
CITY-ST-ZIP MADISON FL

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

TITLE D ☐ Delete  
NAME GRANT, ESTHER  
STREET ADDRESS 1310 SE STEPHENS ST  
CITY-ST-ZIP MADISON FL

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:

Valentine Nicholson 02/09/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-973-16627

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE