

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90292 008 ***150.00

DOCUMENT # F01000004188

1. Entity Name
ADVANCED CONTROL SYSTEMS, INC.



Principal Place of Business
**2755 NORTHWOODS PARKWAY
NORCROSS GA 30071**

Mailing Address
**PO BOX 922548
NORCROSS GA 30010-2548**



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 **58-1224052**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHM, ARIE B
1517 SOUTHWEST 24TH STREET
FORT LAUDERDALE FL 33315**

Name
JOHN M. MUENCH

Street Address (P.O. Box Number is Not Acceptable)
4800 NORTH A1A

UNIT 508

City
VERO BEACH,

FL Zip Code
32963

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
MUENCH, JOHN M
PO BOX 920519
NORCROSS GA 30010-0519** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4800 NORTH A1A, UNIT 508
VERO BEACH, FL 32963** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MOORE, DAVE
4596 SMOKE RISE LANE
MARIETTA GA 30062** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MUENCH, REGINA
PO BOX 920519
NORCROSS GA 30010-0519** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4800 NORTH A1A, UNIT 508
VERO BEACH, FL 32963** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROSS, GERALD M
PO BOX 920519
NORCROSS GA 30010-0519** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, GRADY
2214 INGRAM ROAD
DULUTH GA 30136** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 607, 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

4-16-03

Date

770.446.8854

Daytime Phone #

CR2E034 (10/02)