

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005724

1. Entity Name

ACS TELECOMMUNICATION SYSTEMS, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90268 030 ***150.00

Principal Place of Business

Mailing Address

65 WEST STREET ROAD A100 204
WARMINSTER PA 18974

65 WEST STREET ROAD A100 204
WARMINSTER PA 18974

2. Principal Place of Business

3. Mailing Address

5005 SE Williams Way

5005 SE Williams Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

Country

34997

Zip

Country

34997



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2923398

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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 DP ☐ Delete
NAME SONNENBERG, ALAN
STREET ADDRESS 65 WEST STREET ROAD A100
CITY-ST-ZIP WARMINSTER PA 18974

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

TITLE DCOO ☐ Delete
NAME JONES, RONALD
STREET ADDRESS 65 WEST STREET ROAD A100
CITY-ST-ZIP WARMINSTER PA 18974

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

TITLE DS ☐ Delete
NAME SONNENBERG, ERIKA
STREET ADDRESS 65 WEST STREET ROAD A100
CITY-ST-ZIP WARMINSTER PA 18974

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

TITLE V ☐ Delete
NAME RIDDLES, CAMERON
STREET ADDRESS 65 WEST STREET ROAD A100
CITY-ST-ZIP WARMINSTER PA 18974

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)