# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-25-2003 90751 027 ****50.00

44002058

DOCUMENT # L02000025220

1. Entity Name
ACS HOLDINGS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4068 JEBB ISLAND CIRCLE WEST<br>JACKSONVILLE FL 32224<br>US | 4068 JEBB ISLAND CIRCLE WEST<br>JACKSONVILLE FL 32224<br>US |

☒ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8708 Perimeter Park Blvd | 8708 Perimeter Park Blvd. |
| Suite, Apt. #, etc. Suite 1 | Suite, Apt. #, etc. Suite 1 |
| City & State Jacksonville, Fl | City & State Jacksonville, FL |
| Zip 32216 / Country USA | Zip 32216 / Country USA |

4. FEI Number 65-1187139 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MEUX, JOSEPH C JR.<br>1301 RIVERPLACE BLVD.<br>SUITE 2254<br>JACKSONVILLE FL 32207 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Skigen Its President 4-22-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SKIGEN, ANDREW L | NAME | |
| STREET ADDRESS | 4068 JEBB ISLAND CIRCE WEST | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | CITY-ST-ZIP | |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SKIGEN, CYNTHIA | NAME | |
| STREET ADDRESS | 4068 JEBB ISLAND CIRCLE WEST | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4-22-03 904-565-1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #