

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90610 005 \*\*\*150.00

**DOCUMENT # L03251**

1. Entity Name  
**ACUERA CORP.**

Principal Place of Business  
**% RICHARD J MIDULLA**  
**16313 N DALE MABRY HWY**  
**TAMPA FL 33618**  
**US**

Mailing Address  
**P. O. BOX 272000**  
**TAMPA FL 33688**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2961273**

Applied For  
 Not Applicable

Zip Country

Zip Country  
 US

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

**MIDULLA, RICHARD J**  
**16313 NORTH DALE MABRY HWY.**  
**TAMPA FL 33618**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRAKE, JOHN</b> <b>1190 US HWY 27 EAST</b> <b>MOORE HAVEN FL 33471</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MULCAY, WILLIAM T</b> <b>US HWY 17 NORTH</b> <b>WAUCHULA FL 33873</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEPPARD, WILSON</b> <b>293 SOUTH US 301</b> <b>SUMTERVILLE FL 33585</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHILLIPS, WILLIAM C</b> <b>225 WEST WALKER DR</b> <b>KEYSTONE HEIGHTS FL 32656</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHEARER, STEVEN R</b> <b>16313 N DALE MABRY HWY</b> <b>TAMPA FL 33618</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MIDULLA, RICHARD</b> <b>16313 N DALE MABRY HWY</b> <b>TAMPA FL 33618</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**JOHN W GEERAERTS**

**4/24/2002**

**(813)963-0994**

<Date>

Daytime Phone #

CR2E034 (9/01)

Attachment

958996

ACUERA CORP.  
16313 N. DALE MABRY HIGHWAY  
TAMPA, FLORIDA 33618

DOCUMENT #L03251

11. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR (CONTINUED)

<u>TITLE</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND DIRECTOR</u>	<u>CITY, STATE, ZIP</u>
S	TIMOTHY S. WOODBURY	16313 N. DALE MABRY HWY.	TAMPA, FL 33618
T	JOHN W. GEERAERTS	16313 N. DALE MABRY HWY.	TAMPA, FL 33618