

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90091 043 ***150.00

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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



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

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NGW!!! 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 **D** ☐ Delete
NAME **DRAKE, JOHN**
STREET ADDRESS **1190 US HWY 27-EAST**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **V** ☐ Change ☒ Addition
NAME **DUREN, JAMES R**
STREET ADDRESS **16313 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ Delete
NAME **MULCAY, WILLIAM T**
STREET ADDRESS **US HWY 17 NORTH**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **D** ☐ Change ☒ Addition
NAME **GREEN, MAL**
STREET ADDRESS **1640 W JEFFERSON**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **D** ☒ Delete
NAME **SHEPPARD, WILSON**
STREET ADDRESS **293 SOUTH US 301**
CITY-ST-ZIP **SUMTERVILLE FL 33585**

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

TITLE **D** ☐ Delete
NAME **PHILLIPS, WILLIAM C**
STREET ADDRESS **225 WEST WALKER DR**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

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

TITLE **V** ☒ Delete
NAME **SHEARER, STEVEN R**
STREET ADDRESS **16313 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **PD** ☐ Delete
NAME **MIDULLA, RICHARD**
STREET ADDRESS **16313 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618**

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 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 JOHN W GEERAERTS

4/28/03

(813)963-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<Date>

Daytime Phone #

CR2E034 (10/02)

attachment
L03251
20039908

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

DOCUMENT #L03251

10. 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