

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60997

1. Entity Name

ADVANCED CONCEPTS CONTROLS, INC.

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90167 037 \*\*\*158.75

Principal Place of Business

Mailing Address

% THOMAS E. FLANAGAN  
4940 73RD AVE N  
PINELLAS PARK FL 33781  
US

% THOMAS E. FLANAGAN  
P. O. BOX 7503  
ST. PETERSBURG FL 33734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6775 102 AVE N

Suite, Apt. #, etc.

# L 60

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3001992

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

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

FLANAGAN, THOMAS E.  
4940 73RD AVE., NORTH  
PINELLAS PARK FL 34665

Name

~~THOMAS E. FLANAGAN~~

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

~~6775 102 AVE N # L 60~~

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

*Thomas E. Flanagan*

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 P ☐ Delete  
NAME THOMAS E. FLANAGAN  
STREET ADDRESS 4940 73RD AVE., NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE P ☒ Change ☐ Addition  
NAME THOMAS E. FLANAGAN  
STREET ADDRESS 6775 102 AVE N # L 60  
CITY-ST-ZIP PINELLAS PARK, FL 33782

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

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

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:

*Thomas E. Flanagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

727-547-9473

Daytime Phone #

CR2E034 (10/00)