

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90287 011 ***158.75

DOCUMENT # L60997

1. Entity Name
ADVANCED CONCEPTS CONTROLS, INC.

Principal Place of Business
6775 102 AVENUE N
L60
PINELLAS PARK FL 33781
US

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3001992

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
FLANAGAN, THOMAS E.
 Street Address (P.O. Box Number is Not Acceptable)
3803 20TH ST N
 City **ST PETERSBURG** FL Zip Code **33714**

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, Jr DATE 4/22/02
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 ☐ Delete
 NAME **P THOMAS E. FLANAGAN**
 STREET ADDRESS **6775 102 AVENUE NORTH FL60**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☒ Change ☐ Addition
 NAME **P THOMAS E FLANAGAN**
 STREET ADDRESS **3803 20TH ST N**
 CITY-ST-ZIP **ST PETERSBURG, FL 33714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 **THOMAS E FLANAGAN** DATE 4/23/02 (727) 547-9473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)