

2000 UNIFORM BUSINESS REPORT (UBR)

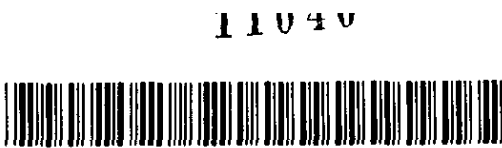
FILED
Apr 29, 2000 8:00 am
Secretary of State
04-29-2000 90105 001 ***300.00

DOCUMENT # **L72375**

1. Entity Name
ACTUATION CENTER, INC.

Principal Place of Business Mailing Address
4304 METRIC DRIVE **4304 METRIC DRIVE**
SUITE 101 **SUITE 101**
WINTER PARK FL 32792-6821 **WINTER PARK FL 32792-6821**
US **US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2369737** Applied For
Not Applicable
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	
WALKER, WILLIAM A II 250 PARK AVE S 5TH FLOOR WINTER PARK FL 32789		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 _____ (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, 2000 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUK, THOMAS L., JR		NAME		
STREET ADDRESS	4304 METRIC DR, STE 101		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792-6821		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUK, GAYLE G.		NAME		
STREET ADDRESS	4304 METRIC DR, STE 101		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792-6821		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 officers empowered.

SIGNATURE: T.L. HOUK Date: 4-20-00 Daytime Phone #: 407-673-2800

CR2E034 (9/99)