

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90829 044 ***150.00

DOCUMENT # M64007

1. Entity Name
A C T ASSISTANCE, INC.



Principal Place of Business

% PAUL KAUSKIK

11612 N NEBRASKA #C

TAMPA FL 33612

US

Mailing Address

% PAUL KAUSKIK

11612 N NEBRASKA #C

TAMPA FL 33612

US

2. Principal Place of Business

12101 N NEBRASKA #B

TAMPA FL 33612

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33612

Country

US

3. Mailing Address

PO Box 17481

TAMPA FL 33682

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33682

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2863035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUSKIK, PAUL
11612 N NEBRASKA
SUITE C
TAMPA FL 33612

12101 N NEBRASKA
#B
TAMPA 33612

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KAUSHIK, PAUL	
STREET ADDRESS	11612 N NEBRASKA #C	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D/S/T	<input type="checkbox"/> Delete
NAME	DAVID (DEVENDRA) KAUSHIK	
STREET ADDRESS	12101 N NEBRASKA #B	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUSHIK, PAUL	
STREET ADDRESS	12101 N NEBRASKA #B	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)