

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M85324**

1. Entity Name  
**SUSAN ACKLEY ADVERTISING, INC.**

Principal Place of Business  
**4515 SW 68 CT CR  
#3  
MIAMI FL 33155  
US**

Mailing Address  
**4515 SW 68 CT CR  
#3  
MIAMI FL 33155  
US**

2. Principal Place of Business  
**1119 NE 99TH ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**1119 NE 99TH ST**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL**  
Zip  
**33138** Country  
**US**

City & State  
**MIAMI, FL**  
Zip  
**33138** Country  
**US**

4. FEI Number **59-2893458** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ACKLEY, SUSAN  
4515 SW 68 CT CR  
#3  
MIAMI FL 33155**

## 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.

SIGNATURE *Susan Ackley* DATE 8/29/01  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ACKLEY, SUSAN 4515 SW 68 CT CR #3 MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1119 NE 99TH ST MIAMI, FL 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Ackley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/01 305-759-1812  
Date Daytime Phone #

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90053 040 \*\*\*550.00

**A0083610**



DO NOT WRITE IN THIS SPACE

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