2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-25-2001 90151 012 ****61.25

DOCUMENT # N00000003340

1. Entity Name

AACTS, INC.

Principal Place of Business	Mailing Address
C/O MIKE BASILE 1307 DOVE DRIVE ORLANDO FL 32803-3024	C/O MIKE BASILE 1307 DOVE DRIVE ORLANDO FL 32803-3024

DO NOT WRITE IN THIS SPACE

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

4. FEI Number — ☑ 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
HABER, LAWRENCE H 111 NORTH ORANGE AVE STE 1200 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable): 931 JASMINE STREET City: CELEBRATION, FL. FL Zip Code: 34747

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN PRESIDENT / P (D) MIKE BASILE 1307 DOVE DR ORL. FL. 32803-3024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAILING ADDRESS DIANA PETERSON 10600 BLOOMFIELD DRIVE (#1711) ORL. FL. 32825	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXEC VICE PRESIDENT / E.V.P. (D) MIKE IHNAT 5756 KINGSGATE DRIVE (APT C) ORL. FL. 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAILING ADDRESS JOHN RICE 6901 VON BAMPUS DR. ORL. FL. 32809	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT V. (D) JOHN MOFFITT 773 SILVERWOOD DR LAKE MARY, FL. 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAILING ADDRESS ANGELA CROSSAW 800 STETSON STREET ORL. FL. 32804	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY S. KATHERINE GRACE 3700 CURRYFORD RD (APT Z-7) ORL. FL. 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAILING ADDRESS RANDAL MILLER 7108 TIMBER RIVER CIRCLE ORL, FL. 32807	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER T. MILLIE IHNAT 5756 KINGSGATE DR (APT C) ORL. FL. 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER-AT-LARGE / D.M.A.L. ANNIE KIDWELL 4808 MYRTLE BAY DRIVE ORL FL. 32829-8700	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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 MICHAEL L. BASILE 1/1/2001 407-894-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #