

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90038 017 \*\*\*\*70.00

**DOCUMENT # N02000002562**

1. Entity Name

**A.C.T.S. INC.**



Principal Place of Business

**12422 SW 251 TERRACE  
HOMESTEAD FL 33032-5929**

Mailing Address

**12422 SW 251 TERRACE  
HOMESTEAD FL 33032-5929**

**90005534**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**01-0656863**

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

**BULKLEY, JAMES W  
12422 SW 251 TERRACE  
HOMESTEAD FL 33032-5929**

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

**1-16-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	Chairman	<input type="checkbox"/> Delete
NAME	Ken Knight	
STREET ADDRESS	21 Farmington Street	
CITY-ST-ZIP	Manchester, CT 06040-3624	
TITLE	President	<input type="checkbox"/> Delete
NAME	Dow F. Robinson	
STREET ADDRESS	1470 Gaylord Drive	
CITY-ST-ZIP	Mobile, AL 36695	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Mike McCarty	
STREET ADDRESS	738 Virginia Ave	
CITY-ST-ZIP	McComb, MS 39648	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	James W. Bulkley	
STREET ADDRESS	12422 SW 251 Terrace	
CITY-ST-ZIP	Homestead, Florida 33032-5929	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Rob Knight	
STREET ADDRESS	21 Farmington Street	
CITY-ST-ZIP	Manchester, CT 06040-3624	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Bill Hightower	
STREET ADDRESS	5260 Dawes Road	
CITY-ST-ZIP	Grand Bay, AL 36541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 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 HOMESTEAD BULKLEY 1-16-03 258-6888**

CR2E037 (10/02)