

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000387

1. Entity Name

ACT II COMPLEX, INC.

Principal Place of Business

50-D NE 49TH STREET
OCALA FL 34479

Mailing Address

50-D NE 49TH STREET
OCALA FL 34479

2. Principal Place of Business

3391 Silver Springs Blvd
Suite Apt. #, etc. 6

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

11 31

Zip

34470

Country

Marion

Zip

11 31

Country

4. FEI Number

59-3489187

Applied For

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, CHARLES R
50-D NE 49TH STREET
OCALA FL 34479

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

CHARLES R Patterson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/07/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ODEN, PRICE 50-D NE 49TH STREET OCALA FL 34479	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, BOB PO BOX 6770 OCALA FL 34478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, CHARLES 50-D NE 49TH STREET OCALA FL 34479	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, JOE 860 SE 80TH STREET OCALA FL 34480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, ANN 1146 SW 68TH CT OCALA FL 34770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02 352-369-1183

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90016 019 ****70.00