2000 UNIFORM BUSINESS REPORT (UBR)

3/3/21

FILED
Jul 18, 2000 8:00 am
Secretary of State
03-21-2000 90042 047 ****61.25

DOCUMENT # N99000005820

1. Entity Name

ADVANCED COURT SOLUTIONS INC.

Principal Place of Business	Mailing Address
1041 WINDSONG CIRCLE APOPKA FL 32703	1041 WINDSONG CIRCLE APOPKA FL 32703-6248

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3601619 ☐ 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
MORRIS, ALLEN 1041 WINDSONG CIRCLE APOPKA FL 32703	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 _____ DATE
Signature, typed or printed name of registered agent and title 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ALLEN MORRIS D STREET ADDRESS 1041 WINDSONG CIR CITY-ST-ZIP APOPKA, FL 32703		☐ Delete DIRECTOR		
TITLE T NAME KELLY MORRIS T STREET ADDRESS 1041 WINDSONG CIR CITY-ST-ZIP APOPKA, FL 32703		☐ Delete TRUSTEE		
TITLE T NAME KEVIN REVIERA T STREET ADDRESS 1041 WINDSONG CIR CITY-ST-ZIP APOPKA, FL 32703		☐ Delete TRUSTEE		

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: [redacted] RAGENT Morris Pres 3/15/00 407-862-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #