

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043334

1. Entity Name

ADVANCED CORRUGATED TECHNOLOGIES, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90027 038 ***150.00

Principal Place of Business
4845 JOHN CARROL ROAD SOUTH
LAKELAND FL 33801

Mailing Address
4845 JOHN CARROL ROAD SOUTH
LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2506 Longhorn Ave.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 420

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Eaton Park FL

4. FEI Number

59-3643152

Applied For

Not Applicable

Zip

33801

Country

Zip

33840

Country

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

NICHOLS, TONY
4845 JOHN CARROL ROAD SOUTH
LAKELAND FL 33801

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

Robert T Nichols

Robert T Nichols

3-16-01

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICHOLS, TONY
4845 JOHN CARROL ROAD SOUTH
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICHOLS, ROBERT J
718 ELLERBEE WAY
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRITES, GREG
2646 LASSO LANE
LAKELAND FL 33801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Robert T Nichols Robert T Nichols

3-16-01

8635100718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)