

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90013 034 \*\*\*150.00

**DOCUMENT # P00000075724**

1. Entity Name:

**ACIS TECHNOLOGY CORPORATION**

Principal Place of Business

3151 S. BABCOCK ST., #149  
 MELBOURNE FL 32901

Mailing Address

3151 S. BABCOCK ST., #149  
 MELBOURNE FL 32901

771817

2. Principal Place of Business

611 Benton Dr.

Suite, Apt. #, etc.

3. Mailing Address

611 Benton Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3661564

Applied For

Not Applicable

Zip

32901

Country

Zip

32901

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

OTERO, ANGEL R  
 3151 S. BABCOCK ST., #149  
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name Angel R. Otero

Street Address (P.O. Box Number is Not Acceptable)

611 Benton Dr.

City Melbourne,

FL

Zip Code

32901

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

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

(NOT)

Registered Agent's 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

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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 any 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 empowerer

SIGNATURE:

Angel R. Otero  
 Angel R. Otero

4/23/01

321-956-4192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)