

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90292 050 ***150.00

DOCUMENT # P01000014919

1. Entity Name
ACT REAL ESTATE, INC.

Principal Place of Business
3101 TANGLEWYLDE AVE.
LAKE PLACID FL 33852

Mailing Address
3101 TANGLEWYLDE AVE.
LAKE PLACID FL 33852

2. Principal Place of Business
1110 US 27 N.
 Suite, Apt. #, etc.

3. Mailing Address
1110 US 27 N
 Suite, Apt. #, etc.

City & State
LAKE PLACID FL
 Zip
33852
 Country
HIGHLANDS

City & State
LAKE PLACID FL
 Zip
33852
 Country
HIGHLANDS

4. FEI Number
65-1073251

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NIELANDER, WILLIAM J
116 E. INTERLAKE BLVD.
LAKE PLACID FL 33852

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

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, 2002 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 CARROLL, JAMES T
3101 TANGLEWYLDE AVE.
LAKE PLACID FL 33852

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 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: James T. Carroll **James T. Carroll** 4-19-02 863-465-3993
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)