

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90011 020 ***150.00

DOCUMENT # P01000025802

1. Entity Name

AMERICAN COMPUTER SOLUTIONS, INC.

Principal Place of Business

**1655 LUDLOW ROAD
 MARCO ISLAND FL 33904**

Mailing Address

**1655 LUDLOW ROAD
 MARCO ISLAND FL 33904**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 North Collier Blvd.

Suite, Apt. #, etc.

Heritage Square #16

City & State

Marco Island, FL

Zip

34145

Country

U.S.A.

3. Mailing Address

1000 North Collier Blvd.

Suite, Apt. #, etc.

Heritage Square #16

City & State

Marco Island, FL

Zip

34145

Country

U.S.A.

4. FEI Number

59-3704032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, CHRISTINE F
 1655 LUDLOW ROAD
 MARCO ISLAND FL 33904**

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

TITLE **D** ☐ Delete
 NAME **KLEINE, CHRISTOPHER**
 STREET ADDRESS **1655 LUDLOW ROAD**
 CITY-ST-ZIP **MARCO ISLAND FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

CHRISTOPHER KLEINE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02

Date

642-7833

Daytime Phone #

CR2E034 (9/01)