

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMEND

DOCUMENT # PO1000067990

1. Entity Name

Ackland and Associates, Inc.



FILED
CLERK OF STATE
DIVISION OF CORPORATION

03 DEC -5 PM 2:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8 Broadway Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Zip

34741

Country

Zip

Country

4. FEI Number

59 3723043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lawrence B Ackland

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

2658 Emerald Lake Court

City Kissimmee

FL

Zip Code
34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lawrence B Ackland

Dec. 4, 2003

Signature of the current registered agent, if different from the one above, and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Edward Lee Windsor
2432 Bel Air Circle, Kissimmee, FL 34743

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000025426860
12/11/03--01060--022 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
William Julian Windsor
2432 Bel Air Circle, Kissimmee, FL 34743

TITLE
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Julian Windsor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 4, 2003

407-935-9888

Date

Daytime Phone #

CR2E034B (12/02)