2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO

1. E

BL



Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90039 007 ***150.00

FILED

OCUMENT #	P02000091112	
ACK GOLD SEALCOT	E CO., INC.	
		CO WE

10110 MERCURY DRIVE 10110		10110 ME	ailing Address 0110 MERCURY DRIVE ACKSONVILLE FL 32225							
2. Principal Place of Business 3. Mai		3. Mailing	failing Address					i i i i i i i i i i i i i i i i i i		
Suite, Apt. #, etc. S		Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & S	City & State			FEI Number Applied For Not Applied				
Zip	Country	Zip	Zip Coun					8.75 Add	5 Additional lequired	
6. Name and Address of Current Registered Agent				7. N	7. Name and Address of New Registered Agent					
				Name	Name					
GIBSON, I				Street A	Street Address (P.O. Box Number is Not Acceptable)					
10110 MERCURY DRIVE			<u> </u>							
JACKSON	VILLE FL 32225						,			
				City			FL	Zip Code	9	
	named entity submits this statement fions of registered agent. Signature, typed or printed name of registered agen			istered office or			a. I am far	miliar with, a	and accept	
···				, otoros rigoni o gridio						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financ Trust Fund Contribution.	cing		May Be to Fees		
10.	OFFICERS AND	DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	SIN 11	
TITLE	D CIRCON POLAND		☐ Delete	TITLE			{	Change	☐ Addition	
NAME STREET ADDRESS	GIBSON, ROLAND 10110 MERCURY DRIVE			NAME STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32225		ľ	CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			[Change	☐ Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					\	
TITLE		-	Delete -	TITLE		**************************************	[Change	☐ Addition	
NAME				name ,						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
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NAME				NAME						
STREET ADDRESS				STREET ADDRESS					}	
CITY-ST-ZIP			2.00	CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				Change	☐ Addition	

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 Block 11 if of the corporation of the receiver at address, with all changed, or on an attachment with an address, with all changed.

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

904399-5865

☐ Change

Addition