

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90049 011 ***150.00

820039

DO NOT WRITE IN THIS SPACE

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|--|--|---|--|--|--|--|--|
| DOCUMENT # <u>P11047</u> | | | | 1. Entity Name <u>AMERICAN CAPITAL RESOURCES OF</u> <u>DELAWARE</u> | | | |
| Principal Place of Business <u>7491 CONROY-WINDERMERE ROAD</u> <u>ORLANDO, FLORIDA 32835</u> | | Mailing Address <u>25 SUNSET BL</u> <u>SUITE 104</u> <u>BEAUFORT, S</u> <u>29902</u> | | | | | |
| 2. Principal Place of Business <u>SEE ABOVE</u> Suite, Apt. #, etc. | | 3. Mailing Address <u>SEE ABOVE</u> Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number <u>59.2690826</u> | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent <u>M. DUANE JULIAN</u> <u>7515 PARK SPRINGS CIRCLE</u> <u>ORLANDO, FL 32835</u> | | | 7. Name and Address of New Registered Agent Name <u>M. DUANE JULIAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>7491 CONROY-WINDERMERE ROAD</u> City <u>ORLANDO</u> FL <u>32835</u> | | | | |
| 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 <u>M. Duane Julian</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE <u>3/2/2000</u> | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | | | | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | 11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> PRESIDENT TITLE <u>M. DUANE JULIAN</u> <input type="checkbox"/> Delete NAME <u>7491 CONROY-WINDERMERE RD.</u> STREET ADDRESS <u>ORLANDO, FLORIDA 32835</u> CITY-ST-ZIP TITLE <u>SECRETARY & TREASURER</u> <input type="checkbox"/> Delete NAME <u>7491 CONROY WINDERMERE RD</u> STREET ADDRESS <u>ORLANDO, FL 32835</u> CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%;"> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <u>M. DUANE JULIAN</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>SEE LEFT</u> STREET ADDRESS <u>←</u> CITY-ST-ZIP TITLE <u>KYLE T. MOSES</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>SEE LEFT</u> STREET ADDRESS <u>←</u> CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table> | | | PRESIDENT TITLE <u>M. DUANE JULIAN</u> <input type="checkbox"/> Delete NAME <u>7491 CONROY-WINDERMERE RD.</u> STREET ADDRESS <u>ORLANDO, FLORIDA 32835</u> CITY-ST-ZIP TITLE <u>SECRETARY & TREASURER</u> <input type="checkbox"/> Delete NAME <u>7491 CONROY WINDERMERE RD</u> STREET ADDRESS <u>ORLANDO, FL 32835</u> CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <u>M. DUANE JULIAN</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>SEE LEFT</u> STREET ADDRESS <u>←</u> CITY-ST-ZIP TITLE <u>KYLE T. MOSES</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>SEE LEFT</u> STREET ADDRESS <u>←</u> CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
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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: <u>M. Duane Julian, PRES.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | <u>3/2/2000</u> (1843) Date Daytime Phone # <u>986.9275</u> | | | | |

CR2E034 (3/99)