

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044181 ✓

1. Entity Name
ACAMS, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90041 001 ***150.00

Principal Place of Business Mailing Address (Same)
3165 NE 48th Court, #211
Lighthouse Point, FL 33064-7906

2. Principal Place of Business 3. Mailing Address
3165 NE 48th Court 3165 NE 48th Court
Suite, Apt. #, etc. Suite, Apt. #, etc.
#211 #211

City & State City & State
Lighthouse Point, FL Lighthouse Point, FL
Zip City Zip City
33064-7906 USA 33064-7906 USA

4. FEI Number Applied For
59-3254793 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
William B. Jesse
113 Lindley Rd.
Daytona Beach, FL 32114

7. Name and Address of New Registered Agent
Name: William G. Teagarden
Street Address (P.O. Box Number is Not Acceptable)
3165 NE 48th Court
#211
City Lighthouse Point FL Zip Code 33064-7906

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 *William G. Teagarden, V.P.* 6/1/00
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, 2000 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	President	<input type="checkbox"/> Delete
NAME	William B. Jesse	
STREET ADDRESS	325 Oakhurst Drive, Apt. #16	
CITY-ST-ZIP	Aurora, IL 60504	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	William G. Teagarden	
STREET ADDRESS	3165 NE 48 th Court, #211	
CITY-ST-ZIP	Lighthouse Point, FL 33064-7906	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William G. Teagarden* 6/1/00 954-421-5579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)