

**FORPROFITCORPORATION
UNIFORMBUSINESSREPORT(UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91151 024 ***150.00

DOCUMENT# **P950000016973** ✓
1. Entity Name
AMERICAN COMMUNICATION TECHNOLOGIES, INC.

666878

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 600 E. COLONIAL DRIVE Suite, Apt. #, etc. SUITE 200 City & State ORLANDO, FL Zip 32803 Country US		3. Mailing Address 600 E. COLONIAL DRIVE Suite, Apt. #, etc. SUITE 200 City & State ORLANDO, FL Zip 32803 Country US	
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4. FEINumber 65-0563511	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MCNEILL, H. GREGORY	
Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DRIVE	
City ORLANDO	FL Zip Code 32801

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 date of applicable. (NOTE: Registered Agent's signature required where installing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JERRY E. PERKINS 600 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE VICE PRESIDENT JOHN L. DELOZIER 600 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT OF SALES A. DAN HATOUN 600 E. COLONIAL DRIVE ORLANDO, FL 32803

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)