

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

DOCUMENT #

1. Entity Name

ACTEC of Florida, Inc.

995000025836

FILED

02 JUN 18 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1411 Illinois Street
Suite, Apt. #, etc.

3. Mailing Address

1411 Illinois Street
Suite, Apt. #, etc.

REINSTATEMENT 98-02
DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

582171883

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ricke A. Steen

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

1411 Illinois Street

City

Orlando

FL

Zip Code

32803

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 title if applicable.

Ricke A. Steen

(NOTE: Registered Agent signature required when reinstating)

12 June, 2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects 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 Ricke A. Steen 1411 Illinois Street Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Michael M. Watson 1651 Selma Avenue Nolly Hill, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	500006068765--9 -06/27/02--01059--017 ***1350.00 ***1350.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1200.00 - AOM
TITLE NAME STREET ADDRESS CITY - ST - ZIP	61.25 - AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	88.15 - ARSAB
TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricke A. Steen

12 Jun 2002

Daytime Phone #

CR2E034B (12/01)