

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90661 005 ***150.00

0647009 SP

DOCUMENT # P95000044426

1. Entity Name

ACRO-TEK COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

**13464 85 RD NORTH
W PALM BCH FL 33413
US**

**13464 85 RD NORTH
W PALM BCH FL 33413
US**

2. Principal Place of Business

13464 85 RD NORTH

3. Mailing Address

13464 85 RD NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

City & State

W. PALM BEACH, FL

Zip

33412

Country

USA

Zip

33412

Country

USA

4. FEI Number

65-0587632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADER, DIANE
13464 85 RD NORTH
W PALM BCH FL 33412**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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, 2002 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	ST	<input type="checkbox"/> Delete
NAME	ADER, DIANE	
STREET ADDRESS	13464 85 RD NORTH	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADER, WALTER	
STREET ADDRESS	13464 85 RD NORTH	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOGUE, JEFFREY	
STREET ADDRESS	9911 CROSS PINE CT	
CITY-ST-ZIP	LAKEWORTH FL	
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
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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:

DIANE M ADER
SECRETARY/TREAS.

4-3-02 561-753-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)