

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0106077 AV

DOCUMENT # P95000067633

1. Entity Name  
ADVANCED CONTROL TECHNOLOGIES, INC.



FILED

03 OCT 29 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1515 MUREX DR.  
NAPLES FL 34102  
US

Mailing Address  
1515 MUREX DR.  
NAPLES FL 34102  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. FET Number 65-0610017

Applicable  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, WILLIAM M  
C/O BOND, SCHOENECK & KING, P.A.  
4001 TAMiami TRAIL NORTH, STE. 404  
NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME STOBBS, WALTER J  
STREET ADDRESS 1515 MUREX DR.  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME STOBBS, JEAN M  
STREET ADDRESS 1515 MUREX DR.  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME EARLE, LORRAINE  
STREET ADDRESS 301 WEST SHORE RD.  
CITY-ST-ZIP ALBURG VT 05440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME RYAN, GARTH  
STREET ADDRESS 301 WEST SHORE RD.  
CITY-ST-ZIP ALBURG VT 05440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6239/262-8400  
Date Daytime Phone #

CR2E034 (4/03)