

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0526734 AV

DOCUMENT # P96000010906

1. Entity Name

ADVANCED COMPUTER CONCEPTS, INC.



FILED

03 MAR 19 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
21202 OLEAN BOULEVARD #E3
PORT CHARLOTTE FL 33952

Mailing Address
21202 OLEAN BOULEVARD #E3
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0650051

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUQUETTE, ROLAND J
4133 JOSEPH STREET
PORT CHARLOTTE FL 33948

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 DP
NAME DUQUETTE, ROLAND J
STREET ADDRESS 4133 JOSEPH STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700014380207
03/19/03--01070--008 **150.00

TITLE DVP
NAME PARKER, BRIAN R
STREET ADDRESS 5413 GABO ROAD
CITY-ST-ZIP NORTH PORT FL 34287

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME HOWELL, WILLIAM W
STREET ADDRESS 1410 GARY STREET
CITY-ST-ZIP PUNTA GORDA FL 33982

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME ROLAND, DUQUETTE
STREET ADDRESS 4133 JOSEPH STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33941

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~TOM MAYER~~
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME TOM MAYER
STREET ADDRESS 1052 SUMMERSET ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

President

Date

Daytime Phone #

CR2E034 (10/02)