

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018831

1. Entity Name
ACULAB USA, INC.

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FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90017 038 ***150.00

Principal Place of Business

132 HARRISON AVE
PANAMA CITY FL 32401
US

Mailing Address

PO BOX 271
PANAMA CITY FL 32402
US

2. Principal Place of Business

3. Mailing Address

PO Box 371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Panama City, FL

4. FEI Number 59-3363370

Applied For

Not Applicable

Zip

Country

Zip 32402-0371

Country

USA

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

HARRISON, FRANKLIN R
304 MAGANOLIA AVENUE
PANAMA CITY FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ROSS, MICHAEL A
STREET ADDRESS 1606 WEST 10TH COURT
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition
NAME Ross, Michael A. (press)
STREET ADDRESS 1410 W. Beach Drive
CITY-ST-ZIP Panama City, FL 32401

TITLE D ☐ Delete
NAME POUND, ALAN
STREET ADDRESS ACULAB HOUSE OLD ROAD
CITY-ST-ZIP LEIGHTON BEDS LU

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Michael A. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

850-763-9281
Daytime Phone #



Attachment
P960000018831
A0048323

July 14, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it May Concern:

On behalf of Aculab USA, Inc., I am sending this correspondence in conjunction with the 2000 Uniform Business Report (UBR). As you will see we are correcting the mailing address on the UBR. Unfortunately, you have the incorrect mailing address. Our address is P.O. Box 371 not 271.

I spoke with Carol M. at 850-488-9000 she indicated that since we did not receive the first UBR, because of the address discrepancy, that I should send the original fee with the report. Therefore, I have enclosed a check in the amount of \$150.00 payable to the Department of State.

Please see that the address discrepancy is corrected so that this does not occur next year. If there are any questions please feel free to contact me at 850-763-9281 Ext. 112.

Sincerely yours,

A handwritten signature in cursive script that reads 'Michael Brill'.

Michael Brill
Financial Controller/Aculab USA, Inc.