

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90086 005 ***550.00

DOCUMENT # P96000024304

1. Entity Name
ADVANCED CARBON COMPOSITES, INC.

Principal Place of Business

6129 ANNO AVE.
 ORLANDO FL 32809

Mailing Address

6129 ANNO AVE.
 ORLANDO FL 32809

80137690



2. Principal Place of Business

6127 ANNO AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

6127 ANNO AVENUE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 ORLANDO, Florida

Zip
 32809

Country
 USA

City & State
 Orlando, Florida

Zip
 32809

Country
 USA

4. FEI Number 59-3367595

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, LESLIE B
 6129 ANNO AVE.
 ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

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

6127 ANNO AVENUE

City
 Orlando

FL

Zip Code
 32809

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

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, 2002 Fee 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

TITLE PSD
 NAME DAVIS, KIM ☐ Delete
 STREET ADDRESS 1272 WINDSONG RD
 CITY-ST-ZIP ORLANDO FL 32809

TITLE VTD
 NAME SIEGEL, LESLIE B ☐ Delete
 STREET ADDRESS 990 PACES CIRCLE #300
 CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME VTD SIEGEL, Leslie B
 STREET ADDRESS 6612 TURTLE MOUND ROAD Unit #204
 CITY-ST-ZIP NEM Smyrna, FL 32169

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

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie B. Siegel

9/11/02 407-889-6152

Date

Daytime Phone #

CR2E034 (4/02)