

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071445

1. Entity Name

ACROMANIA, INC.

\$150

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90024 049 ***150.00

Principal Place of Business

Mailing Address

1249 CREEK BEND ROAD
FRUIT COVE FL 32259

1249 CREEK BEND ROAD
FRUIT COVE FL 32259-2946

000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3405613**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MILANI, JOHN A JR.
1249 CREEK BEND ROAD
FRUIT COVE FL 32259

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MILANI, JOHN A JR.	
STREET ADDRESS	1249 CREEK BEND ROAD	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILANI, DEBORAH L	
STREET ADDRESS	1249 CREEK BEND ROAD	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILANI, WILLIAM G	
STREET ADDRESS	8308 GLEN HEATHER DR	
CITY-ST-ZIP	FREDERICK MD 21702	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILANI, CYNTHIA	
STREET ADDRESS	8308 GLEN HEATHER DR	
CITY-ST-ZIP	FREDERICK MD	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John A. Milani Jr. **John A. Milani Jr.** 3/6/2000 904-287-9758

CR2E034 (9/99)