

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080312

1. Entity Name
ADVANCED COMPOSITE SYSTEMS, INC.

Principal Place of Business
10615 NEW KINGS ROAD
JACKSONVILLE FL 32219

Mailing Address
10615 NEW KINGS ROAD
JACKSONVILLE FL 32219

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HEAD, KOKO
9309 OLD KINGS ROAD SOUTH STE 4
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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, 2002 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

TITLE P
NAME JONES, MARK L
STREET ADDRESS 4344 LANDOVER DR
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE V
NAME HAPPY, HENRY
STREET ADDRESS 6773 PITTS RD
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

TITLE T
NAME HAPPY, LORRAINE J
STREET ADDRESS 6773 PITTS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

TITLE S
NAME HAPPY, MICHAEL M
STREET ADDRESS 6771 PITTS RD
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Henry Happy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90012 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3468980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0028724 AV

CR2E034 (9/01)