

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90730 043 ***150.00

0425166 AV

DOCUMENT # P98000015073

1. Entity Name

ACI FACILITY MAINTENANCE, INC.

Principal Place of Business

**4532 W. KENNEDY BOULEVARD
SUITE 120
TAMPA FL 33609
US**

Mailing Address

**4532 W. KENNEDY BOULEVARD
SUITE 120
TAMPA FL 33609
US**

2. Principal Place of Business

**4515 GEORGE RD
SUITE 320**

3. Mailing Address

**4515 GEORGE RD
SUITE 320**

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3514427

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33634

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YOO, IN SANG
18539 KINGBIRD DRIVE
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **PATRICK MORELLI**

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

16005 PRESTON TRAIL WAY

City

TAMPA

FL

Zip Code

33556

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]

PATRICK MORELLI

2.14.02

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 **PD** ☒ Delete
NAME **YOO, IN SANG**
STREET ADDRESS **18539 KINGBIRD DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Delete
NAME **MORELLI, PATRICK**
STREET ADDRESS **1824 CARLTON DR**
CITY-ST-ZIP **CLEARWATER FL 34619**

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 **PD** ☒ Change ☐ Addition
NAME **MORELLI, PATRICK**
STREET ADDRESS **16005 PRESTON TRAIL WAY**
CITY-ST-ZIP **TAMPA FL 33556**

TITLE ☐ Change ☒ Addition
NAME **V.P. OPERATIONS**
STREET ADDRESS **DAVID ANGEL**
CITY-ST-ZIP **1710 78TH AVE N.
ST PETERSBURG FL 33702**

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]

PATRICK MORELLI

Date

2.14.2002

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)