

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029788

1. Entity Name

AMERICAL CALIBRATION SERVICES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90344 033 \*\*\*158.75

Principal Place of Business

500 SEA SCAPE AVENUE  
ORLANDO FL 32828

Mailing Address

500 SEA SCAPE AVENUE  
ORLANDO FL 32828

2. Principal Place of Business

315 STAN DR #7

Suite, Apt. #, etc.

3. Mailing Address

315 STAN DR #7

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32904

Country

Barvard

City & State

MELBOURNE, FL

Zip

32904

Country

Barvard

4. FEI Number

59-3503131

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOMACK, DARRYL R  
500 SEASCAPE AVE  
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

DARRYL R. WOMACK

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

315 STAN DR #7

City

melbourne

FL

Zip Code

32904

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

*Darryl R. Womack*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOMACK, DARRYL	
STREET ADDRESS	500 SEA SCAPE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	EBITSON, DAVID	
STREET ADDRESS	500 SEA SCAPE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, BRIAN	
STREET ADDRESS	500 SEA SCAPE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32828	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Darryl R. Womack* DARRYL R. WOMACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

800-313-7174

CR2E034 (9/99)