

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056315

1. Entity Name

A.C. SYSTEMS INC.

FILED

Aug 15, 2000 8:00 am  
Secretary of State

08-15-2000 90014 049 \*\*\*150.00

Principal Place of Business

10188 REGENT CIRCLE  
NAPLES FL 34109  
US

Mailing Address

10188 REGENT CIRCLE  
NAPLES FL 34109  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3522120

Applied For

Not Applicable

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

MELANCON, MICHAEL  
10188 REGENT CIRCLE  
NAPLES FL 34109

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MELANCON, MICHEL  
10188 REGENT CIRCLE  
NAPLES FL 34109 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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TITLE  
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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: X

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

Date

Daytime Phone #

8/10/2000 594-2752

CR2E034 (5/00)

8/10/2000

941-594-2752

A.C. Siplers Inc.  
10188 Regent Circle  
Naples, FL  
Tax ID# 59-3522120

To Whom It May Concern:


Please accept the enclosed check  
for \$150.00 in payment for 2000  
Uniform Business Report.

Unfortunately, I never received  
the first statement, and since  
my business is very new, I  
was not familiar with fees &  
dues required by the state of FL.

I appreciate your consideration.

Thank you.

Sincerely,

  
Mike Melancan  
President