

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90111 021 \*\*\*150.00

**DOCUMENT # P98000056516**1. Entity Name  
**ACM SERVICES, INC.**

Principal Place of Business

**237 JOEL BLVD  
LEHIGH ACRES FL 33972**

Mailing Address

**PO BOX 1466  
LEIGH ACRES FL 33970-1466**

2. Principal Place of Business

**1303 7th STREET E.  
Suite, Apt. #, etc.**

3. Mailing Address

**12670 NEW BRITTANY  
STE 101  
BLVD.**

DO NOT WRITE IN THIS SPACE

City & State  
**LEHIGH ACRES, FL**Zip  
**33972**

Country

City & State  
**FORT MYERS, FL**Zip  
**33907**

Country

4. FEI Number **65-0862971**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR  
COSTELLO, SIMS & ROYSTON  
12670 NEW BRITTANY BLVD STE 101  
FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box 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

TITLE **D** ☐ Delete  
NAME **KRAUS, MARION**  
STREET ADDRESS **237 JOEL BLVD**  
CITY-ST-ZIP **LEHIGH ACRES FL 33972**TITLE **V** ☐ Delete  
NAME **KRAUS, ANDREAS**  
STREET ADDRESS **237 JOEL BLVD**  
CITY-ST-ZIP **LEHIGH ACRES FL 33972**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DSTP** ☒ Change ☐ Addition  
NAME **KRAUS, MARION**  
STREET ADDRESS **1303 7th STREET E.**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**TITLE **V** ☒ Change ☐ Addition  
NAME **KRAUS, ANDREAS**  
STREET ADDRESS **1303 7th STREET E.**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDREAS KRAUS****04-23-00**

Date

**941-368-1322**

Daytime Phone #

CR2E034 (9/99)