

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000079201**

1. Entity Name

ACUCAL LABS, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90052 016 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 1499
HILLIARD FL 32046**P.O. BOX 1499**
HILLIARD FL 32046**628385**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14000 PECAN PARK RD
Suite, Apt. #, etc.**P.O. Box 18305**
Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL**JACKSONVILLE, FL**

Zip

Zip

Country

Country

32218**32229****DUVAL****DUVAL**

4. FEI Number

59-3537148

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

LUDWIGS, JEFFREY R P.A.
6620 SOUTHPOINT DR. S., STE. 200
JACKSONVILLE FL 32216

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	1 P
NAME	TORRIBLE, FREDERICK D	NAME	JOSEPH G. MORAN
STREET ADDRESS	P.O. BOX 1499 N/A	STREET ADDRESS	1797 OCEAN VILLAGE DR
CITY-ST-ZIP	HILLIARD FL 32046	CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	<input type="checkbox"/> Delete	TITLE	S
NAME		NAME	DANNY STOKES
STREET ADDRESS		STREET ADDRESS	5304 SHORE DR
CITY-ST-ZIP		CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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:

Joseph G. Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JOSEPH G. MORAN****2/25/01**
Date**904-741-0808**
Daytime Phone #

CR2E034 (10/00)