## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 22, 2002 8:00 am Secretary of State P98000083764 **DOCUMENT #** 1. Entity Name 04-22-2002 90254 034 \*\*\*150.00 AAACT INVESTIGATIONS, INC. Mailing Address Principal Place of Business 150 KENT ROAD, STE, 2-A 200 CECILIA CT ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 3. Mailing Address 2. Principal Place of Business 7051 BERRYWOOD LANE 7051 BERRY WOOD LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3536595 City & State Not Applicable JACKSONVILLE FL. 32277 JACKSONVILLE FL. 32277 \$8.75 Additional Country 5. Certificate of Status Desired Zip Fee Required 32277-2606 32277-2606 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DYER, LARRY R. DYER, LARRY R Street Address (P.O. Box Number is Not Acceptable) 150 KENT ROAD, STE. 2-A ST. AUGUSTINE FL 32086 7051 BERRYWOOD LANE Zip Code **3 2277** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE DYER, LARRY R NAME 7051 BERRYWOOD LANE NAME DYER, LARRY R STREET ADDRESS 150 KENT ROAD, STE. 2-A STREET ADDRESS JACKSONVILLE FL. 32277 CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-ZIP ☐ Addition ☐ Change PVST ☐ Delete TITLE **PVST** TITLE DYER, LARRY R 7051 BERRYWOOD LANE NAME DYER, LARRY R NAME STREET ADDRESS STREET ADDRESS 150 KENT ROAD, STE. 2-A JACKSONVILLE FL. 32277 CITY-ST-7IP ST. AUGUSTINE FL 32086 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE OF PRESIDENCE OF DIRECTOR