FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91192 046 ***150.00

DOCUMENT # P98000096763 NC

1. Entity Name
ACT Mgmt Systems, Inc. (m)
~~AUTOMOTIVE BUSINESS SOLUTIONS, INC.~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 SOUTH PAULA DR	501 SOUTH PAULA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNEDIN, FL	City & State: DUNEDIN, FL
Zip: 34698 Country: US	Zip: 34698 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3543690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHARLES S. DAYHOFF, III

Street Address (P.O. Box Number is Not Acceptable): 3830 TAMPA ROAD SUITE 150

City: PALM HARBOR FL Zip Code: 34684

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR
NAME	VARNER J. HENRY
STREET ADDRESS	3008 LANDMARK BLVD. #202
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	DIRECTOR
NAME	JOHN H. SCHMIDT
STREET ADDRESS	3136 CARLOS DRIVE
CITY-ST-ZIP	~~DUNEDIN, FL 34698~~
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Schmidt 4/29/02 727-733-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #