

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90041 023 ***150.00

DOCUMENT # P99000004306

1. Entity Name
ADVANCED COMPUTER TECHNOLOGY OF DAVIE, INC.

Principal Place of Business
JAMES BURNS, JR.
3335 N UNIVERSITY DRIVE #2
DAVIE FL 33024

Mailing Address
JAMES BURNS, JR.
3335 N UNIVERSITY DRIVE #2
DAVIE FL 33024

2. Principal Place of Business
JAMES BURNS JR
 Suite, Apt. #, etc.

3. Mailing Address
6970 TAFT STREET
 Suite, Apt. #, etc.

City & State
Hollywood FL
Zip
33024
Country
USA

City & State
HOLLYWOOD FL
Zip
33024
Country
USA

4. FEI Number **65-0902673**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

BURNS, JAMES JR
3335 N. UNIVERSITY DRIVE #2
DAVIE FL 33024

7. Name and Address of New Registered Agent

Name **JAMES BURNS JR.**
Street Address (P.O. Box Number is Not Acceptable)
6970 TAFT ST
City **Hollywood** **FL** **Zip Code** **33024**

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]* **DATE** **4/23/02**
(Signature, typed or printed name of registered agent and title 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, JAMES JR	
STREET ADDRESS	3335 N. UNIVERSITY DRIVE #2	
CITY-ST-ZIP	DAVIE FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: *[Signature]* **JAMES BURNS JR.** **4/23/02** **954-894-6008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0154511 AV

CR2E034 (9/01)