2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012951

1. Entity Name

ACS DEVELOPMENT CORPORATION

FILED
00 MAR -8 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1505 S.E. 40TH STREET SUITE C CAPE CORAL, FL. 33904	1505 S.E. 40TH STREET SUITE C CAPE CORAL, FL. 33904

2. Principal Place of Business	3. Mailing Address
5354 COLONY COURT	5354 COLONY COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FLORIDA	City & State: CAPE CORAL, FLORIDA
Zip: 33904 Country:	Zip: 33904 Country:

Amended SPACE

4. FEI Number: 65-0892981 ☐ 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
JAMES AMBURN 1505 S.E. 40TH STREET, SUITE C CAPE CORAL, FL. 33904	Name: CHRISTINE F. WRIGHT, ESQ. Street Address (P.O. Box Number is Not Acceptable): 1105 CAPE CORAL PARKWAY SUITE C City: CAPE CORAL FL Zip Code: 33904

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 3/6/00

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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAMES W. AMBURN 1505 S.E. 40TH STREET ~~CAPE CORAL, FL. 33904~~ XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KARL-HEINZ SCHMIDT 5354 COLONY COURT CAPE CORAL, FL. 33904 XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003171920--6 -03/16/00--01012--007 *****62.50 *****62.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition KE

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] President 3/6/00 941-541-0485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KARL-HEINZ SCHMIDT