

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030372

1. Entity Name

ADVANCED COMPUTER AND NETWORK SOLUTIONS, INC.

P

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90059 024 \*\*\*150.00

Principal Place of Business

8920 NW 11TH STREET  
PEMBROKE PINES FL 33024

Mailing Address

8920 NW 11TH STREET  
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

NEIGHBOR, KEVIN DEAN  
8920 NW 11TH STREET  
PEMBROKE PINES FL 33024

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-10-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS NEIGHBOR, KEVIN DEAN  
CITY-ST-ZIP 8920 NW 11TH STREET  
PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-10-00

DOC# P99000030372

20906

To Whom It May Concern:

Hello, I was told to write this letter of my situation by two different people on the phone.

I filled out the uniform business report and sent it with a check back in February, the check was cashed but the report was sent back to me because I left line 4 blank and did not check applied for. I refilled out the form and sent it back this time with applied for checked. Then I received another form saying they never received the second one. After talking to someone at your office. I was told to fill it out again and write you to tell you about it and send it back checked. I hope this is ok.

Any questions please call me.

954-430-7517

Kevin Neighbor