2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
07-10-2001 90002 018 ***150.00

0097031 AV

DOCUMENT # P99000032058

1. Entity Name
A. C. I. OF SW FL, INC.

Principal Place of Business	Mailing Address
5660 10TH AVENUE NORTHWEST NAPLES FL 34119	5660 10TH AVENUE NORTHWEST NAPLES FL 34119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3570707 ☐ 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
GUHL, MARY R 5660 10TH AVE NW NAPLES FL 34119	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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUHL, BRIAN C 5660 10TH AVENUE NORTHWEST NAPLES FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUHL, MARY R 5660 10TH AVENUE NORTHWEST NAPLES FL 34119	☐ 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

CR2E034 (5/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mary R. Guhl 7-2-01 (941) 566-8634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B0059719

Attachment #B990000320982-2-01

To whom it May Concern:

This uniform business Report was filed on April 12, 2001.

It has obviously gotten lost in our US postal service.

A Copy of my Check Register is the only proof I have showing that I wrote the check on that day.

Please take that into consideration so that we do not have to pay the steep late fee.

Also, what will you do with the 1st Check if it ever shows up at your office? For I do not want another expense to cancel the check.

Please notify Me as to this situation as soon as possible

Thank you.

Mary B Dahl

(941) 526-7566

B05S719

Attachment
#1 99100052058

A.C.I. OF SW FL. INC

*USE THESE CODES WHEN RECORDING YOUR NON-CHECK TRANSACTIONS
D-DEPOSIT DC-DEBIT CARD ATM-TELLER MACHINE AP-AUTOMATIC PAYMENT TT-TELEPHONE TRANSFER O-OTHER

CHECK NUMBER	DATE	* TRAN'S TYPE	DESCRIPTION OF TRANSACTION	PAYMENT/DEBIT (−)	FEE (−)	√ TAX	DEPOSIT/CREDIT (+)	BALANCE FWD.
								$ 6284.44
200	3/28	FL Dept of Revenue Intangible Tax		$ 241.33			$	6043.11
201	3/28	Windstream		52.80				5990.31
202		W/D Drawdown		4200.00				1790.31
203	4/5	FED EX		30.20				1760.11
	4/10	Comp. S					450.00	2210.11
205	4/12	Dept of State Bus Rept Annual		50.00				2160.11