

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90042 023 \*\*\*150.00

**DOCUMENT # P99000041121**

1. Entity Name

**ACS SERVICES, INC.**

Principal Place of Business

**17179 TERRAVERDE CIRCLE  
 UNIT 106  
 FORT MYERS FL 33908**

Mailing Address

**17179 TERRAVERDE CIRCLE  
 UNIT 106  
 FORT MYERS FL 33908**

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

**65-0919587**

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

**COMFORT, CLIFF JR  
 1426 SE 44TH ST  
 CAPE CORAL FL 33904**

Name

**NORMA MORAUSKI**

Street Address (P.O. Box Number is Not Acceptable)

**17179 TERRAVERDE CIRCLE, UNIT 106**

City

**FORT MYERS**

**FL**

Zip Code  
**33908**

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 *Norma Morauski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-29-02*

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
 NAME **BUR, MARCIA**  
 STREET ADDRESS **17179 TERRAVERDE CIR. UNIT 106**  
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition  
 NAME **MORAUSKI, NORMA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **VP/T**  
 STREET ADDRESS **MORAUSKI, GERALD**  
 CITY-ST-ZIP **17179 TERRAVERDE CIRCLE, UNIT 106  
 FORT MYERS, FL 33908**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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: *Norma Morauski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-29-02*

Date Daytime Phone #

CR2E034 (9/01)