

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000046071**

1. Entity Name

ADVANCED CUSTOM CRATING, INC.**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90318 044 ***150.00

Principal Place of Business

**2875 S. ORANGE AVE., STE. 500-1415
ORLANDO FL 32806-5455**

Mailing Address

**ACE RELOCATION SYSTEMS, INC.
WILLIAM MCARDLE 5608 EASTGATE DR.
SAN DIEGO CA 92121**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **91-1975842**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WESTWOOD, THOMAS R
2875 S. ORANGE AVE., STE. 500-1415
ORLANDO FL 32806-5455**

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WESTWOOD, THOMAS R	
STREET ADDRESS	2875 S. ORANGE AVE., STE. 500-1415	
CITY-ST-ZIP	ORLANDO FL 32806-5455	

TITLE	D	<input type="checkbox"/> Delete
NAME	WESTWOOD, AMY H	
STREET ADDRESS	2875 S. ORANGE AVE., STE. 500-1415	
CITY-ST-ZIP	ORLANDO FL 32806-5455	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMMERS, REGINALD T	
STREET ADDRESS	5608 EASTGATE DR.	
CITY-ST-ZIP	SAN DIEGO CA 92121	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMMERS, KATHLEEN R	
STREET ADDRESS	5608 EASTGATE DR.	
CITY-ST-ZIP	SAN DIEGO FL 92121	

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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)