2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900049477 1. Entity Name ADVANCED CONCEPTS ENGINEERING AND TECHNOLOGY, IN						F1LED 00 0CT 20 PM 4: 50				
Principal Place 5221 WATSON RIVERVIEW FL	ROAD	Mailing Address 5221 WATSON ROAD RIVERVIEW FL 33569				SECRETARY OF STATE. TALLAHASSEE. FLORIÐA				
	Α	3. Mailing Address 5806 Breskenry de Park Suite, Apt. #, etc. Suite A City & State			R	REMSTANTEMENTOE 2006				
Tama 2ip 33610	Country	Tanpa 33610		59-357916 5. Certificate of Status De			□ Fe	8.75 Add		
ESTIME, GILBERT 17454 SW 79 CT. MIAMI FL 33157 Street Address (P.O. Box Number is Not Acceptable) 5221 watson Road City Riverview FL Zip Corr 335 69								69		
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 printe tharme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE.IS \$550.00										
Tax filing r	equirement and elects to do so. ia on back) OFFICERS AND 6	After SEPTEMBER 13, 2000 Min. will be \$75. Make Check Payable to Department of Sta			f State	Trust Fund Contributi	on. 🔲	Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jones, Timothy H 5221 Watson Road Riverview Fl 33569	☐ Delete		E ET ADDRESS	V B Mark 3005	Muhlenbeck Lord Bradford (Peake, Va 233	Court	☐ Change	Addition §	
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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 7 J. 400 813 - 630 - 2744 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Prince #										