

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091221

1. Entity Name

ADVANCED COMPUTER INVESTIGATIONS AND SERVICES, I

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90002 011 ***550.00

Principal Place of Business

Mailing Address

715 BLOOM ST., SUITE 230
 CELEBRATION FL 34747

715 BLOOM ST., SUITE 230
 CELEBRATION FL 34747-4697

2. Principal Place of Business

3. Mailing Address

2431 ALOMA AVE

2431 ALOMA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 132

SUITE 132

City & State

City & State

WINTER PARK, FL

WINTER PARK FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number

59-3601622

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

CARLISLE, KELLIE

715 BLOOM ST., SUITE 230
 CELEBRATION FL 34747

Name

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

2431 ALOMA AVE

SUITE 132

City

WINTER PARK

FL

Zip Code

32792

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

P/D
 KELLIE CARLISLE
 5888 AUVERS BLVD #108
 ORLANDO FL 32807

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 #

8-16-00

18882131685

CR2E034 (9/99)