

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90260 032 ***150.00

0613385

DOCUMENT # P99000094215

1. Entity Name

ACT INC. SPECIALIST

Principal Place of Business

1300 - 2B SO. FRENCH AVENUE
SANFORD FL 32771

Mailing Address

1300 - 2B SO. FRENCH AVENUE
SANFORD FL 32771**644718**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

490 Murray Rd

PO Box 1045

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Osteen, FL

City & State
Osteen, FL

4. FEI Number 59-3608863

Applied For

Not Applicable

City & State
32764 USACity & State
Osteen, FL

Zip

Country

Zip

Country

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

CARLUCCI, THERESA ANNE
1300 - 2B SO. FRENCH AVENUE
SANFORD FL 32771

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 State10. 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
P
CARLUCCI, THERESA A
490 MURRAY RD
OSTEEN FL 32764 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO / President
Theresa A. Carlucci
490 Murray Rd
Osteen, FL 32764 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
CARLUCCI, ALEX III
490 MURRAY RD
OSTEEN FL 32764 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHRISTOPHER, CARLUCCI
490 MURRAY RD
OSTEEN FL 32764 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Theresa A. Carlucci

4/18/01

Date

407 330 2454

Daytime Phone #

CR2E034 (10/00)