

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90033 047 ***150.00

DOCUMENT # P99000094215

1. Entity Name
ACT INC. SPECIALIST

Principal Place of Business

**490 MURRAY ROAD
OSTEEN FL 32764
US**

Mailing Address

**PO BOX 1045
OSTEEN FL 32764
US**

2. Principal Place of Business

490 Murray Rd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1045
Suite, Apt. #, etc.

City & State

Osteen, FL

City & State

Osteen, FL

4. FEI Number

59-3608863

Applied For

Not Applicable

Zip

Country

32764 USA

Zip

Country

32764 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Theresa Carlucci**
Street Address (P.O. Box Number is Not Acceptable)
490 Murray Rd
PO Box 1045
City **Osteen, FL** Zip Code **32764**

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, 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

TITLE **CEOP** ☐ Delete
NAME **CARLUCCI, THERESA A**
STREET ADDRESS **490 MURAY RD**
CITY-ST-ZIP **OSTEEN FL 32764**

TITLE **D** ☐ Delete
NAME **CHRISTOPHER, CARLUCCI**
STREET ADDRESS **490 MURRAY RD**
CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/8/02

Date

(407) 330-2454

Daytime Phone #

CR2E034 (9/01)