

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90039 045 \*\*\*158.75

**DOCUMENT #** P99000096493**1. Entity Name** ACT CONSULTANTS, INC. ✓**Principal Place of Business** **Mailing Address**100 Southeast 2nd Avenue  
Suite 2612  
Fort Lauderdale, FL 33394**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

65-0962760

Applic

Not A

**5. Certificate of Status Desired** ☒**\$8.75** Additio  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**FILINGS, INC.  
3732 Northwest 16th Street  
Ft. Lauderdale, FL 33311

Name

Scott W. Rothstein, Esquire

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

4000 Hollywood Blvd., #265-South

City

Hollywood,

FL

Zip Code  
33021**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**  
Added to**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
Director	Keith Hilgenfeldt	100 S.E. 2nd Avenue, Suite 2612	Ft. Lauderdale, FL 33394	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**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 12, unchanged, or on an attachment with an address with all other like empowered.****SIGNATURE**

KEITH HILGENFELDT, Director

3-27-00

954-772-135