

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90008 008 ***150.00

DOCUMENT # P99000096493
Entity Name

ACT Consultants, Inc.

DO NOT WRITE IN THIS SPACE

B0050092

Principal Place of Business <u>8689 Alexandrite Ct.</u>		3. Mailing Address Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>Tallahassee, FL</u>		City & State	
Zip <u>32309</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>05-0962760</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Scott W Rothstein, Esq.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4000 Hollywood Blvd # 265-South</u>	
City <u>Hollywood</u>	Zip Code <u>FL 33023</u>

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-02

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME <u>Hilgenfeldt, Keith</u>	TITLE <u></u>
STREET ADDRESS <u>8689 Alexandrite Court</u>	STREET ADDRESS <u></u>
CITY-STATE-ZIP <u>TALLAHASSEE, FL 32309</u>	CITY-STATE-ZIP <u></u>
NAME <u></u>	TITLE <u></u>
STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
CITY-STATE-ZIP <u></u>	CITY-STATE-ZIP <u></u>
NAME <u></u>	TITLE <u></u>
STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
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NAME <u></u>	TITLE <u></u>
STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
CITY-STATE-ZIP <u></u>	CITY-STATE-ZIP <u></u>

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IN THIS SPACE**

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 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 #

3-11-02 954-225-5230

CR2E034B (12/01)