

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90163 020 \*\*\*150.00

DOCUMENT # P99000096493

1. Entity Name  
ACT CONSULTANTS, INC.



Principal Place of Business  
8689 ALEXANDRITE COURT  
TALLAHASSEE FL 32309

Mailing Address  
8689 ALEXANDRITE COURT  
SUITE 2612  
TALLAHASSEE FL 32309

2. Principal Place of Business

3. Mailing Address

8689 ALEXANDRITE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLA.

Zip

Country

32309

Country

LEON

4. FEI Number 65-0962760

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHSTEIN, SCOTT W EQ  
4000 HOLLYWOOD BLVD  
#265-SOUTH  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name Keith Hilgenfeldt

Street Address (P.O. Box Number is Not Acceptable)  
8689 ALEXANDRITE CT.

City TALLAHASSEE

FL

Zip Code 32309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Keith Hilgenfeldt* KEITH HILGENFELDT

1-15-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME HILGENFELDT, KEITH  
STREET ADDRESS 100 S.E. 2ND AVENUE SUITE 2612  
CITY-ST-ZIP FORT LAUDERDALE FL 33394

☐ Delete

TITLE D.  
NAME HILGENFELDT, KEITH  
STREET ADDRESS 8689 ALEXANDRITE CT.  
CITY-ST-ZIP TALLAHASSEE, FL. 32309

☒ Change ☐ Addition  
Address

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Keith Hilgenfeldt* KEITH HILGENFELDT 1-15-03 850-898-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)