

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91764 006 ***150.00

0039651 AV

DOCUMENT # S32904

1. Entity Name
ADVANCED COMPUTER TRAINING, INC.



Principal Place of Business
**7020 A C SKINNER PKWY
SUITE 180
JACKSONVILLE FL 32256
US**

Mailing Address
**7020 AC SKINNER PKWY
SUITE 180
JACKSONVILLE FL 32256
US**



2. Principal Place of Business
6251 PHILIPS HWY.

3. Mailing Address
P.O. BOX 551006

Suite, Apt. #, etc.
SUITE 2

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **59-3055124**

Applied For
Not Applicable

Zip
32216

Country
US

Zip
32255

Country
US

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

**FORD, ROBERT A
10110 SAN JOSE BLVD
SUITE 200
JACKSONVILLE FL 32257**

Name
CALIOPE J. MASTROVASELIS
Street Address (P.O. Box Number is Not Acceptable)
**6251 PHILIPS HWY
SUITE 1
JACKSONVILLE FL 32216**

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 *Caliope J. Mastrovaselis* (SEE ALSO ATTACHED)

5-1-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDST
HARRIS, ADAIR B.
8041 PINE LAKE RD.
JACKSONVILLE FL** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MASTROVASELIS, CALIOPE J
1791 LONG SLOUGH WAKLK
ORANGE PK FL 32073** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS, JOE
8041 PINE LAKE RD.
JACKSONVILLE FL** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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: *Caliope J. Mastrovaselis*
CALIOPE J. MASTROVASELIS

5-1-03 904-739-7884
Date Daytime Phone #

CR2E034 (10/02)

90128415 Attachment 532904
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : Advanced Computer Training, Inc.

2. The mailing address of the corporation : PO Box 551006

3. Date of incorporation/qualification: 2/20/91 Document number: 532904

4. The name and address of the current registered agent and registered office:

Robert A. Ford

10110 San Jose Blvd, Ste 200

Jacksonville, FL 32257

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

Callope J. Mastrovasellis

6251 Phillips Hwy #1

Jacksonville, FL 32216

The street address of its registered office and the street address of the business office of its registered
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.

Callope J. Mastrovasellis
(Signature of an officer, chairman or vice chairman of the board)

3/28/03

(Date)

Callope J. Mastrovasellis President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.

Callope J. Mastrovasellis
(Signature of Registered Agent)

3/28/03

(Date)

If signing on behalf of an entity:

Advanced Computer Training, Inc.
Callope J. Mastrovasellis

President

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***