

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26520

1. Entity Name

AMERICAN CONTRACT SERVICES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90029 018 ***150.00

Principal Place of Business 7502 HARVEST VILLAGE BLVD NAVARRE FL 32566 US	Mailing Address 7502 HARVEST VILLAGE BLVD NAVARRE FL 32524-0020 US
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2. Principal Place of Business 7282 Plantation Road Suite, Apt. #, etc. Suite 301	3. Mailing Address P. O. Box 10020 Suite, Apt. #, etc.
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City & State Pensacola, Florida	City & State Pensacola, Florida
Zip 32504	Zip 32524-0020
Country USA	Country USA

4. FEI Number 59-3116485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BROWN, CHARLIE 7037 PRO-AM COURT NAVARRE FL 32566
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFRIES, KATHERINE J 2991 MEREDITH DRIVE PENSACOLA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROWN, CHARLES J 7037 PRO-AM COURT NAVARRE FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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: C. J. Brown C. J. Brown, President 02/17/00 (850) 471-0100

CR2E034 (9/99)