

Amended

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

07-28-2002 90179 001 *****61.25
07-28-2002 90179 002 *****8.75

FILED V49262

02 AUG -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V49262**

1. Entity Name
ACI Communications Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2950 Powers Ave.
Suite, Apt. #, etc.

3. Mailing Address
2950 Powers Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL
Zip **32207** Country **Oruval**

City & State
Jacksonville, FL
Zip **32207** Country **Oruval**

4. FEI Number
59 3133705

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Michael G. Santos**

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

1157 Creeks Edge Court

City **Ponte Vedra Bch** FL Zip **32082**

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 **Michael G. Santos**
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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Michael G. Santos**
STREET ADDRESS **1157 creeks Edge Ct.**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/02 904-737-5210
Date Daytime Phone #

8/15/02