

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90096 045 ***150.00

DOCUMENT # P97000098958



1. Entity Name
ACTS II AND ASSOCIATES, INC.

Principal Place of Business
**23072 MARSH LANDING BLVD.
ESTERO FL 33928**

Mailing Address
**C/O RICHARD L. SWOPE, CPA
P.O. BOX 111419
NAPLES FL 34108-0124**



2. Principal Place of Business
10921 Oak Island Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

City & State
Bonita Springs, Florida

City & State

4. FEI Number **59-3494863**

Applied For
Not Applicable

Zip
34135

Country
USA

Zip

Country

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

**BLACK, MARGARET P
23072 MARSH LANDING BLVD.
ESTERO FL 33928**

Name
Street Address (P.O. Box Number is Not Acceptable)
**10921 Oak Island Road, #104
Bonita Springs FL 34135**

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 _____
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** ☐ Delete
NAME **BLACK, MARGARET P**
STREET ADDRESS **23072 MARSH LANDING BLVD.**
CITY-ST-ZIP **ESTERO FL 33928**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **10921 Oak Island Road, #104**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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: *Margaret P. Black*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)