2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L02000020106

1. Entity Name

Principal Place of Business

AMERICAN CONSULTING PROFESSIONALS, LLC



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90032 028 ****55.00

RITY LAND O'LAKES BLVD. SUITE 310 LAND O LAKES FL 34639		SUITE 310	4117 LAND O'LAKES BLVD. SUITE 310 LAND O LAKES FL 34639			(1801 81) BRID 1881 8811 BRID	1 86 511 88 17 8 31 8	17 80 707 1707 0	1):14 2):1) (24 1)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
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City & State		City & State	City & State			nber -1167239	ı		oplied For ot Applicable	
Zip	Country Zip Cou			try	5. Certificate of Status Desired Status Desired Fee Required					
6.	Name and Address of Curi	rent Registered Agent		[7. Name a	nd Address of New R	egistered A	gent		
01000				Name -			77 4 .	a professiona	•	
	O, JOHN N									
220 SOU	TH FRANKLIN STREET		Street Address			(P.O. Box Number is Not Acceptable)				
tampa fi	L 33602			• • • • • • • • • • • • • • • • • • • •			•			
				City			FL	Zip Cod	e	
8. The above name	d entity submits this stateme	nt for the purpose of changing	te rogietoro	d office or regist	torod agent, or l	both in the State of Ele			and againt	
the obligations of	registered agent.	mitor the purpose of changing	, its registere	ed office of regist	lered agent, or t	both, in the State of Fro	noa. Tantia	miliai wiin,	and accept	
SIGNATURE	e, typed or printed name of registered a	gent and title if applicable (f	NOTE: Registered	Agent signature requi	ired when reinstation)		DATE			
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		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS Delete TITLE NAME NOVOTHY JEFFREYS. STREET ADDRESS CITYLE JUNE 10 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS MANAGING MEMBERS/MANAGERS Delete								
			Due By Ma	y 1, 2003						
9.	MANAGING MEI	MBERS/MANAGERS	10.			ADDITIONS/	CHANGES			
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11. I hereby certify the	nat the information supplied	with this filing does not qualify	for the exem	nption stated in S	Section 119.07(3	3)(i), Florida Statutes. I	further certif	y that the in	formation	

Indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.