

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90032 028 ****55.00

0077401

DOCUMENT # L02000020106

1. Entity Name

AMERICAN CONSULTING PROFESSIONALS, LLC



Principal Place of Business

4111 LAND O'LAKES BLVD.
SUITE 310
LAND O LAKES FL 34639

Mailing Address

4111 LAND O'LAKES BLVD.
SUITE 310
LAND O LAKES FL 34639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1167239

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|---------------------|-----------------------------------|------------------------|---------------------------------|----------------------------------------------|
| mGRM | Novotny, Jeffrey S. | 4111 Land O'Lakes Blvd., Ste. 210 | Land O'Lakes, FL 34639 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| mGRM | Korpi, Scott M. | 4111 Land O'Lakes Blvd., Ste. 210 | Land O'Lakes, FL 34639 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| mGRM | Forrestel, Ryan R. | 4111 Land O'Lakes Blvd., Ste. 210 | Land O'Lakes, FL 34639 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| mGRM | Mirson, Brian J. | 4111 Land O'Lakes Blvd., Ste. 210 | Land O'Lakes, FL 34639 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jeffrey S. Novotny
Jeffrey S. Novotny 2-20-03

813 996-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)