

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

04-07-2003 91030 023 \*\*\*158.75

03 OCT 10 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F02000000620**

1. Entity Name

AC-FOLIEN OF AMERICA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14124 JETPORT LOOP

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 111419

Suite, Apt. #, etc.

**REINSTATEMENT**

**DO NOT WRITE IN THIS SPACE**

City & State

FT MYERS, FL

City & State

NAPLES, FL

4. FEI Number

59-3755835

Applied For

Not Applicable

Zip

33913

Country

USA

Zip

34108-0124

Country

USA

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

JANE E. LAMBERSON

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

8955 FONTANA DEL SOL WAY

City

NAPLES

FL

Zip Code

34109

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
RONALD KOTZENBERG  
7817 NAPLES HERITAGE DRIVE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JANE E. LAMBERSON  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109

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**

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  
\*Dissolved in error. Image  
Posted Report + Payment to  
wrong corp. 10/20/03

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

SIGNATURE: Jane E. Lamberson JANE E. LAMBERSON 4/3/03 239-262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #