

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004451

1. Entity Name

AMERICAN CONSUMER ALLIANCE, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90415 001 ****61.25

Principal Place of Business

Mailing Address

480 FENTRESS BLVD., SUITE 1
DAYTONA BEACH FL 32114
US 2570 W. International

1117 PERIMETER CENTER WEST., STE 500E
ATLANTA GA 30338
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2570 W. International Speedway Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State
Daytona Beach, FL

City & State

Florida

4. FEI Number

59-3232297

Applied For

Not Applicable

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

BUFANO, CELINA

480 FENTRESS BLVD., SUITE 1
DAYTONA BEACH FL 32114

Name

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

American Consumer Alliance, Inc.
1117 Perimeter Center West, Suite 500E
Atlanta, GA 30338

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, SAMUEL D 1117 PERIMETER CENTER WEST., STE 500E ATLANTA GA 30338	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BUFANO, CELINA S 1117 PERIMETER CENTER WEST., STE 500E ALTANTA GA 30338	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMSKY, BRETT 1117 PERIMETER CENTER WEST., STE 500E ALTANTA GA 30338	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIDD, ANDREW 1117 PERIMETER CENTER WEST., STE 500E ALTANTA GA 30338	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, KEVIN 1117 PERIMETER CENTER WEST., STE 500E ALTANTA GA 30338	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

(770)
399-3113

Daytime Phone #

CR2E037 (9/01)