FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90109 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H30166**

1. Entity Name
A.C.S. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7796 GRANVILLE DRIVE TAMARAC, FL 33321	7796 GRANVILLE DRIVE TAMARAC, FL 33321

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8765 Azalea Court		8765 Azalea Court	
Suite, Apt. #, etc.: Apt.#201		Suite, Apt. #, etc.: Apt.#201	
City & State: Tamarac, FL		City & State: Tamarac,FL	
Zip: 33321	Country: USA	Zip: 33321	Country: USA

4. FEI Number **59-2453764** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STEIN, ARLENE C
7796 GRANVILLE DRIVE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name: Stein, Arlene C.
Street Address (P.O. Box Number Is Not Acceptable): 8765 Azalea, Court, Apt.201
City: Tamarac **FL** Zip Code: 33321

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: Arlene C Stein President 3-18-03
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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, ARLENE C 7796 GRANVILLE DRIVE TAMARAC, FL 33321	☐ Delete	PD Stein, Arlene C 8765 Azalea Court, #201 Tamarac, FL 33321	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 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: Arlene C Stein Arlene C Stein 954-720-0293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-18-03 Date Daytime Phone #

CR2E034 (10/02)