

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90145 050 ***150.00

DOCUMENT # J43233

1. Entity Name

A.C.L.F. OF LANTANA, INC.

Principal Place of Business

4905 LANTANA ROAD
 LAKE WORTH FL 33463
 US

Mailing Address

4905 LANTANA ROAD
 LAKE WORTH FL 33463
 US

2. Principal Place of Business

1209 NORTH OLIVE AVE

3. Mailing Address

1209 NORTH OLIVE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33401

Country

Zip

33401

Country

4. FEI Number

59-2749977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R.
 1209 NORTH OLIVE AVENUE
 WEST PALM BEACH FL 33401

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME P
 STREET ADDRESS HAMILTON, WILLIAM
 CITY-ST-ZIP 4905 LANTANA ROAD
 LAKE WORTH FL 33463

TITLE ☒ Delete
 NAME VP
 STREET ADDRESS ~~SANTANGELO, FRANCIS R~~
 CITY-ST-ZIP ~~4905 LANTANA ROAD~~
~~LAKE WORTH FL 33463~~

TITLE ☒ Delete
 NAME CFO
 STREET ADDRESS ~~REIGLER, JIM~~
 CITY-ST-ZIP ~~9002 S.W. 152ND STREET~~
~~MIAMI FL 33157~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William B. Hamilton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/02

Daytime Phone #

561-655-2829

CR2E034 (9/01)