

DOCUMENT # K35422

1. Entity Name

A.C.'S MANAGEMENT CO.

R

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90086 005 ***150.00

Principal Place of Business

5791 SW 178 AVE
FT LAUDERDALE FL 33331
US

Mailing Address

5791 SW 178 AVE
FT LAUDERDALE FL 33331
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0075753

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

CLINGAN, ADRIANNE
5791 SW 178 AVE
FT LAUDERDALE FL 33331

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLINGAN, ADRIANNE
5791 SW 178 AVE
FT LAUDERDALE FL 33331 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Adrianne Clingan
ADRIANNE CLINGAN
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DOC. # K3542Z
A0072247

Ac's Management Co.
5791 SW 178th Ave
FT.Lauderdale, Fl 3331


Fl. Depart. Of State
Division of Corporations
P.O.Box 1500
Tallahassee, Fl. 32302-1500

August 3,2000

Dear Madam:

As follow-up to our phone conversation, I have been on vacation for the past number of weeks and did not receive the first mailing of the notice for payment of corporate dues. I am enclosing a check for \$150.00 and request that you waive the late fee.

Thank you for your consideration.


Adrienne Clingan, President
Ac's Management Company