

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40543

1. Entity Name
ACM LAND, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90261 013 ***150.00

Principal Place of Business

Mailing Address

ALBERT C. MORSCH
2331 EDISON AVENUE.
JACKSONVILLE FL 32204

ALBERT C. MORSCH
2331 EDISON AVENUE.
JACKSONVILLE FL 32204-2615

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 **59-2915809**

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

MORSCH, ALBERT C.
2331 EDISON AVENUE
JACKSONVILLE FL 32204

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MORSCH, ALBERT C.**
CITY-ST-ZIP **2296 LEWIS ST.**
JACKSONVILLE FL

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Peter Jackson Rowe**
CITY-ST-ZIP **Rt. 1 Box 274,**
Bryceville, Fl. 32209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S/T**
STREET ADDRESS **Deloris Morsch**
CITY-ST-ZIP **509 North Point Road,**
St. Augustine, Fl. 32095

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert C. Morsch

Date

4/18/00

Daytime Phone #

904 387-2558