

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000016

1. Entity Name

AMERICAN CONSULTING ENGINEERS, PLC LIMITED COMPA

FILED

00 JAN 18 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 E. VINE STREET, SUITE 301
LEXINGTON KY 40507-1577

Mailing Address

400 E. VINE STREET, SUITE 301
LEXINGTON KY 40507-1518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-0734565

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVOTNY, JEFFREY S
4111 LAND O'LAKES BLVD., SUITE 310
LAND O'LAKES FL 34639-4437

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MRGM
STREET ADDRESS SIGLER, JAMES D
CITY- ST- ZIP 400 E. VINE ST., #301
LEXINGTON KY 40507

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
000003118110--0
-02/01/00--01056--014
*****55.00 *****55.00

TITLE NAME MGRM
STREET ADDRESS NOVOTNY, JEFFREY S
CITY- ST- ZIP 4111 LAND O' LAKES BLVD, S
LAND O' LAKES FL 34639-4437

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CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James D. Sigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/17/00
Date

1606-233-2100
813-996-2800
Daytime Phone #