

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M95000000016

1. Entity Name

AMERICAN CONSULTING ENGINEERS, PLC LIMITED COMPA
NY

02 JAN 24 AM 11:42

Principal Place of Business

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

Mailing Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
Suite 100

City & State

3. Mailing Address

Suite, Apt. #, etc.
Suite 100

City & State

4. FEI Number 61-0734565

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

300004797743--1
-01/25/02--01045--003
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SIGLER, JAMES D
STREET ADDRESS 400 E. VINE ST., #100
CITY-ST-ZIP LEXINGTON KY 40507

TITLE MGRM
NAME NOVOTNY, JEFFREY S
STREET ADDRESS 4111 LAND O' LAKES BLVD, SUITE 310
CITY-ST-ZIP LAND O' LAKES FL 34639-4437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Gorham, John, Principal Landscaper Arch
STREET ADDRESS 1282 Timberlane Road Suite A & B
CITY-ST-ZIP Tallahassee, FL 32312-1765

TITLE MGR
NAME Jenkins, Mike, Principal Surveyor
STREET ADDRESS 4111 Land O Lakes Blvd, Suite 310
CITY-ST-ZIP Land O Lakes, FL 34639-4437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 David Sigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
1/23/02 859-233-2100
Date Daytime Phone #

CR2E083 (9/01)