2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

DOCUMENT # P0000003445 1. Entity Name AMERICAN CASH FLOW CORPORATION						04-07-2003 90	183 031 ***	150.00
	ce of Business IGE AVE, SIXTI L 32801		Malling Address PO BOX 1511 ORLANDO, FL 32802			90074019		
Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. FEI Number 59-3661083		pplied For of Applicable	
Zip	. بند جدد	Country	Zip	Country	·	5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name	and Address of Curren	t Registered Agent			7. Name and Address of New Registe	red Agent	
PINO, LAU	RENCE J			l N	Name			
255 S ORANGE AVE, SIXTH FLOOR ORLANDO, FL 32801				St	Street Address (P.O. Box Number is Not Acceptable)			
				CI			FL Zip Coo	
	tions of regist		or the purpose of changing t	is registered or	iice oi registe	red agent, or both, in the State of Florida.	an rammar with	, and accept
SIGNATURE	Signature, typed	or primed name of legislend ager	stand tille if applicable. (NC	TE: Registered Age:	tsignature requires	d when reinstating) D	ATE	
Afte	FILE NOW! r May 1, 200	I FEE IS \$150.00 3 Fee will be \$550.00 Florida Department				Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	A CONTRACTOR MANAGEMENT AND A CONTRACTOR	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RENCE J NGE AVE, SIXTH FL , FL 32801	☐ Delete	TITLE NAME STREET ADD OUTY-ST-20	RESS 255	Laurence J. 5'S. Orange Aus lando, FL 3280	thange e., 6 th	Addition Section Secti
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ANDA NGE AVE, 6TH FLO , FL 32801	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	RESS ZS	wey, Frederic 5 S! Orange Au lando FL 328	□ Change ve.;6#	Floor
TITLE NAME+ STREET ADDRESS CITY-ST-ZIP	255 S ORA	PATRICIA T NGE AVE, 6TH FLO , FL 32801	☐ Delete	TITLE NAME STREET ADD CITY-ST-21	réss		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-21	l l		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-21	ı		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete	TITLE NAME STREET ADD COTY-ST-21	1		☐ Change	☐ Adation

12. I hereby certify that the information supplied with this filling does not quality for the examption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this repeator 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 10 or Block 11 if changed, or on an attachment with so address, with all other like efficience.

SIGNATURE