

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90013 039 \*\*\*550.00

**DOCUMENT # P00000015381**

1. Entity Name  
**A.E.C.P., INC.**

Principal Place of Business  
**1717 E. FOWLER AVE.  
TAMPA FL 33612**

Mailing Address  
**1717 E. FOWLER AVE.  
TAMPA FL 33612**



DO NOT WRITE IN THIS SPACE

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

**59-3628455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CROWDER, WILLIAM CRAIG  
1717 E. FOWLER AVE.  
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name  
**Jose Vivero**  
Street Address (P.O. Box Number is Not Acceptable)  
**Century Bank of Florida - Suite 104  
13540 N. Florida Avenue  
City Tampa FL Zip Code 33612**

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

**9/19/01**

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 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>President/Director Jose Vivero 15437 Lake Magdalene Blvd. Tampa, Florida 33613</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Treasurer/Director Jose E. Valiente 918 East Busch Blvd. Tampa, Florida 33612</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Secretary/Director Theodore J. Couch 713 Argyle Place Temple Terrace, Florida 33617</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Vice President/Director Glenda G. Clare 1101 Flores De Villa Tampa, Florida 33613</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/19/01**

**813-961-3300**

Date

Daytime Phone #

CR2E034 (5/01)