

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90442 016 ***150.00

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**

2. Principal Place of Business

13540 N. Fla. Ave.,

Suite, Apt. #, etc.

Suite 104

City & State

Tampa, FL 33613

Zip

33613

Country

Hillsborough

3. Mailing Address

P. O. Box 17704

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33682-7704

Country

Hillsborough

4. FEI Number

59-3628455

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VIVERO, JOSE

CENTURY BANK OF FLORIDA SUITE 104

13540 N FLORIDA AVENUE

TAMPA FL 33612

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

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, 2002 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

TITLE **PD** ☐ Delete
NAME **VIVERO, JOSE**
STREET ADDRESS **15437 LAKE MAGDALENE BLVD**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **TD** ☐ Delete
NAME **VALIENTE, JOSE E**
STREET ADDRESS **918 EAST BUSCH BLVD**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **SD** ☐ Delete
NAME **COUCH, THEODORE J**
STREET ADDRESS **713 ARGYLE PLACE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **VPD** ☐ Delete
NAME **CLARE, GLENDA G**
STREET ADDRESS **1101 FLORES DE VILLA**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ Change ☒ Addition
NAME **Eubanks, W. Hunter**
STREET ADDRESS **15303 Eaton Court**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Hall, Jr., Laurence W.**
STREET ADDRESS **3003 W. Villa Rosa**
CITY-ST-ZIP **Tampa, FL 33611**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)