

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90191 044 \*\*\*150.00

**DOCUMENT #** P00000048842

1. Entity Name

ACL CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 305

City & State

PALM BEACH FL

Zip

33480

Country

US

3. Mailing Address

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 305

City & State

PALM BEACH FL

Zip

33480

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3133915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JENKINS, JAMES C.

Street Address (P.O. Box Number is Not Acceptable)

340 ROYAL POINCIANA WAY - SUITE 305

City

PALM BEACH

FL

Zip Code

33480

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME HORWITZ, SHAWN  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY - ST - ZIP PALM BEACH, FL 33480

TITLE VPDS  
NAME LEVIN, JAMES S.  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY - ST - ZIP PALM BEACH, FL 33480

TITLE VPTD  
NAME JENKINS, JAMES C.  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY - ST - ZIP PALM BEACH, FL 33480

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. JENKINS, VICE PRESIDENT

Date

1/17/02

Daytime Phone #

561-833-5050