

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91526 025 \*\*\*150.00

**DOCUMENT # P00000055115****1. Entity Name**  
**ACP DESIGN, INC.****Principal Place of Business**  
**2480 NW 115 AVE.**  
**CORAL SPRINGS FL 33065****Mailing Address**  
**2480 NW 115 AVE.**  
**CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **65-1019852**

Applied For

Not Applicable

Zip Country Zip Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PFLEGER, AGNES**  
**2480 NW 115 AVE.**  
**CORAL SPRINGS FL 33065**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ Delete  
**NAME** **PFIEGER, AGNES**  
**STREET ADDRESS** **2480 NW 115TH AVENUE**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33065****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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 #

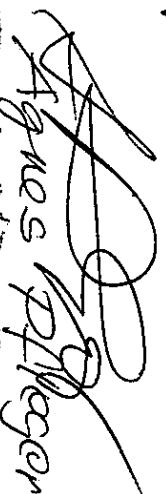
CR2E034 (9/01)

434926

Attachment # P00000055115

Sir

I'm sending this note to regarding our  
telephone conversation & also the UBR  
like you tell me the country several  
because I'm out the country several  
weeks and back in May 1 2002  
I'm try to submit the UBR @ the  
internet on May 01. 2002. But some  
reason error occur so I can't submit  
the paperwork  
Please consider this matter

  
Agnes P. P. P.