

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90195 006 \*\*\*150.00

**DOCUMENT # P00000066413**

1. Entity Name

**AAC-SYDCO, INC.**

Principal Place of Business

**549 NE 34TH STREET  
 OAKLAND PARK FL 33334**

Mailing Address

**549 NE 34TH STREET  
 OAKLAND PARK FL 33334**

00000000



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

**651025273**

Applied For

Not Applicable

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

**STERN, SANFORD G  
 549 NE 34TH STREET  
 OAKLAND PARK FL 33334**

Name

**JAMES M WATSON**

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

**549 NE 34 ST A12**

City

**OAKLAND PK**

**FL**

Zip Code

**33334**

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

*James M Watson*

**04-28-01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
 NAME **STERN, SANFORD G**  
 STREET ADDRESS **549 NE 34TH STREET**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **TD** ☐ Delete  
 NAME **WATSON, JAMES M**  
 STREET ADDRESS **549 NE 34TH STREET**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **S** ☐ Delete  
 NAME **WATON, CONNIE J**  
 STREET ADDRESS **549 NE 34TH STREET**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PRES** ☒ Change ☐ Addition  
 NAME **JAMES M WATSON**  
 STREET ADDRESS **549 NE 34 ST**  
 CITY-ST-ZIP **OAKLAND PK FL 33334**

TITLE **V.P.** ☐ Change ☒ Addition  
 NAME **Michael Watson**  
 STREET ADDRESS **549 NE 34 ST**  
 CITY-ST-ZIP **OAKLAND PK FL 33334**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*James M Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-28-01 954 573 2910**

CR2E034 (10/00)