

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105047

1. Entity Name

AMERICAN COMMUNICATIONS ENTERPRISES, INC.

FILED

02 NOV 21 AM 10:23

Principal Place of Business

355 INTERSTATE BLVD  
SARASOTA FL 34240  
1085 Business Lane  
Suite 8  
Naples FL  
34110

Mailing Address

355 INTERSTATE BLVD  
SARASOTA FL 34240

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
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 74-2897368

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

VEAL, MATTHEW A  
355 INTERSTATE BLVD  
SARASOTA FL 34240

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Matthew A. Veal*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/20/02

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMITH, CARL  
CITY-ST-ZIP 355 INTERSTATE BLVD  
SARASOTA FL 34240

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

TITLE ☐ Delete  
NAME *Vice President, Secretary*  
STREET ADDRESS VEAL, MATTHEW A  
CITY-ST-ZIP 355 INTERSTATE BLVD  
SARASOTA FL 34240

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

TITLE ☐ Delete  
NAME *D, President*  
STREET ADDRESS *Per. Dr. Michael*  
CITY-ST-ZIP *1085 Business Lane, Suite 8*  
*Naples Florida 34110*

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME *Director*  
STREET ADDRESS *Lindheim, Kevin*  
CITY-ST-ZIP *1085 Business Lane Suite 8*  
*Naples FL 34110*

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

TITLE ☐ Delete  
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: *Matthew A. Veal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/02

Date

94 923 1949

Daytime Phone #

CR2E034 (4/02)