

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000068985

FILED
Feb 06, 2003
Secretary of State

Entity Name: A/C DOCTORS, INC.

Current Principal Place of Business:

885 SANDIA DR.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

885 SANDIA DR.
PORT ST. LUCIE, FL 34983

Current Mailing Address:

P.O. BOX 880724
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 65-1125668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUSE, DAVID J
885 SANDIA DR.
PORT ST. LUCIE, FL 34983

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRUSE, DAVID J
Address: 885 SANDIA DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JAMES KRUSE

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02/06/2003

Electronic Signature of Signing Officer or Director

_____ Date