

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094081

1. Entity Name
ACMC-AVI, INC.

Principal Place of Business

311 PARK PLACE BLVD., STE. 225
CLEARWATER FL 33759

Mailing Address

311 PARK PLACE BLVD., STE. 225
CLEARWATER FL 33759

2. Principal Place of Business

13777 Belcher Road

Suite, Apt. #, etc.

3. Mailing Address

13777 Belcher Road

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

US

Zip

33771

Country

US

4. FEI Number

59-3745531

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, RITA A
311 PARK PLACE BLVD., STE. 225
CLEARWATER FL 33759Name
Steven A. PiazzaStreet Address
13777 Belcher RoadCity
LargoFL Zip Code
33771

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 X Steven A. Piazza

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

3/18/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME LOMBARDI, RITA A
STREET ADDRESS 311 PARK PLACE BLVD., STE. 225
CITY-ST-ZIP CLEARWATER FL 33759 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 13777 Belcher Road
CITY-ST-ZIP Largo, FL 33771 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS 13777 Belcher Road
CITY-ST-ZIP Largo, FL 33771 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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CITY-ST-ZIP Change AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: X Steven A. Piazza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90073 033 ***150.00

0455348
AV

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

3/18/02 727-726-3310
Daytime Phone #