2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:X Steven A. Piazza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** P01000094089 1. Entity Name 04-11-2002 90073 039 ***150.00 ACMC-SAU, INC. Mailing Address Principal Place of Business 311 PARK PLACE BLVD., STE. 225 311 PARK PLACE BLVD., STE. 225 CLEARWATER FL 33759 **CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address 13777 Belcher Road 13777 Belcher Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3745541 Not Applicable Largo, FL Largo, FL \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent -337717. Name and Address of New Registered Agent Steven A. Piazza LOMBARDI, RITA A Street Address (P.O. Box Number is Not Accentable) 311 PARK PLACE BLVD., STE. 225 13777 -Belcher Road **CLEARWATER FL 33759** City -Laggo gistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its SIGNATURE X-Steven A. Piazza Signature, typed or printed name of registered agent and title if applicable. d when reinstating) OTE: Registered Age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) X Change Addition TITLE X Delete TITLE LOMBARDI, RITA A NAME NAME STREET ADDRESS 311 PARK PLACE BLVD., STE. 225 13777 Belcher Road STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE CLEARWATER FL 33759 Largo, FL 33771 Director-President, Trea. ☐ Change Delete TITLE TITLE Piazza, Steven A. NAME NAME STREET ADDREST. STREET ADDRESS 13777 Belcher Road CITY-ST-ZIP Largo, FL_33771 ____ ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 807, 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.