2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094092



FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity Name ACMC-PPA, INC.							02-24-2003 90957 023 ***150.00	
Principal Place of Business 13777 BELCHER ROAD LARGO FL 33771			Mailing Address 13777 BELCHER ROAD LARGO FL 33771				- 	
2. Principal i	3. Mailing Address	ng Address						
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State			City & State				4. FEI Number 59-3745536 Applied For Not Applicable	
Zip Country		<u> </u>	Zip Count		try	-	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
PIAZZA, STEVEN A 13777 BELCHER ROAD					Name SOCKOL, DAVID J.Esq. Street Address (P.O. Box Number is Not Acceptable) 111 SECOND AVENUE N.E.			
LARGO FL 33771					PLAZA TOWER, SUITE 1401			
					City			
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 Signature, typed or printed name of registered apparand title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	15	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	LOMBARDI 13777 BEL LARGO FL	CHER ROAD	🔀 Delete			1377	NG, JOHN T. 77 BELCHER ROAD S.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PIAZZA, ST 13777 BEL LARGO FL	CHER ROAD	▼ Delete			LARG	GO, FL. 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , ,	☐ Delete			***	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP	-	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this tiling 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 the 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 embewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other itempowered.

SIGNATURE:

727-726-3310

Daytime Phone #