

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90073 032 \*\*\*150.00

**DOCUMENT # P01000094105**

1. Entity Name  
**ACMC-LAK, 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**

4. FEI Number  
**59-3745533**

Applied For  
 Not Applicable

Zip Country  
**33771 US**

Zip Country  
**33771 US**

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**

**LOMBARDI, RITA A**  
**311 PARK PLACE BLVD., STE. 225**  
**CLEARWATER FL 33759**

Name  
**Steven A. Piazza**  
 Street Address (Do Not Append to)  
**13777 Belcher Road**  
 City  
**Largo** **FL** 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.

(NOTE: Registered Agent signature required when reinstating)

**3/18/02**  
 DATE

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOMBARDI, RITA A</b> <b>311 PARK PLACE BLVD., STE. 225</b> <b>CLEARWATER FL 33759</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13777 Belcher Road</b> <b>Largo, FL 33771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-Pres. Sec.</b> <b>Piazza, Steven A.</b> <b>13777 Belcher Road</b> <b>Largo, FL 33771</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

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

CR2E034 (9/01)