A. 7. 46.

FILED

2002 Uniform Business Report-(UBR)

May 30, 2002 8:00 am Secretary of State DOCUMENT # P01000094112 1. Entity Name 04-11-2002 90073 041 ***150.00 ACMC-SPE, INC. Principal Place of Business Mailing Address 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 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3745539 Largo, FL Largo, FI Not Applicable Zip Country Country 5. Certificate of Status Desired \$8.75 Additional 33771 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOMBARDI, RITA A Steven A. Piazza Street Address (P.O. Box Number is Not Acceptable) 311 PARK PLACE BLVD., STE. 225 13777 Belcher Road **CLEARWATER FL 33759** City 7in Code Largo 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. 33771 SIGNATUREX Steven A. Piazza Signature, typed or printed name of registered agent and tree if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$5,00.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (9/01) ☐ Change ☐ Addition NAME LOMBARDI, RITA A NAME STREET ADDRESS 311 PARK PLACE BLVD., STE. 225 STREET ADDRESS CR2E034 CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP TITLE ☐ Delete TITLE Director-President/Secretary 🗆 Change NAME NAME Piazza, Steven A. STREET ADDRESS 13777 Belcher Road STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Largo, FL 33771 TITLE ☐ Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1/9.07(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.