2002 Uniform Business Report (UBR)

DOCUMENT # P0100094113 1. Entity Name ACMC-RPC, INC.								Secretai 04-11-2002 90	ry of S	Sta	te
`	ce of Business	225	Mailing Address 311 PARK PLACE BLVD STE. 225 CLEARWATER FL 33759								
2. Principal F	3. Mailing Address 13777 Be1cher										
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Largo, FL			City & State Largo, FL					El Number - 3 7 4 5 5 3 7		No	plied For t Applicable
Zip 33771	Country IIS 6. Name and Address of Current F		Zip 33771	3771 IIS				ertificate of Status Desired	□ Fee	75 Add Require	litional d
LOMBARD 311 PARK CLEARWA		7. Name and Address of New Registered Agent Name Steven A. Piazza Street Address (P.O. Box Number is Not Accentable) 13777 Betcher Road									
8. The above named entity submits this statement for the purpose of changing its registered office of							d age	nt, or both, in the State of Flor	<u> </u>	7 Code 3771	· .,
SIGNATURE X Steven A. Piazza Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ageny) (NOTE: Registered Ageny) (NOTE: Registered Ageny) (NOTE: Registered Ageny)											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After May 1, 200 Make Check Payabl					will be \$5	50.00	9	10. Election Campaign Fina Trust Fund Contribution	~ ~~		May Be to Fees
11.	D	OFFICERS AND DI	RECTORS X Delete	12.			ADD	ITIONS/CHANGES TO OFFIC		ECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 311 PARK PLACE BLVD., STE. 225				E Et adoress -St-Zip			lcher Road L 33771			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	11	E Et address	Piaz 13777	za Be	or – Presiden , Steven A. lcher Road	t/Sec 🛄	Change	⊠ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE		Ļargo), <u>F</u>	L 33771		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	CITY TITLE NAMI	-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE			·	,		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE	:	_				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 equired 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: X Steven A. Piazza SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR Date Date Date Date Date Date Date Description Proper D											