

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90116 036 ***150.00

DOCUMENT # P01000119202

1. Entity Name
AMERICAN CONSUMER ADVISORS, INC.



Principal Place of Business
**8810 28TH ST. E.
PARRISH FL 34219**

Mailing Address
**8810 28TH ST. E.
PARRISH FL 34219**



2. Principal Place of Business

**2231 Lockwood Meadows St.
Suite, Apt. #, etc.**

3. Mailing Address

**2231 Lockwood Meadows St.
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

91-271866

Applied For

Not Applicable

Zip

Country

Zip

Country

34234 USA

34234 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANNER, MICHAEL
4244 W. TENNESSEE
#185
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name **Craig Zalan Ka**
Street Address (P.O. Box Number is Not Acceptable)
2231 Lockwood Meadows St
City **Sarasota FL** Zip Code **34234**

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 **Craig Zalan Ka**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-03

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **Sharon Larson**
STREET ADDRESS **8810 28th St E**
CITY-ST-ZIP **Parrish FL 34219**

TITLE ☒ Delete
NAME **Alan Leffler**
STREET ADDRESS **3645 Hollow Trail Court**
CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE ☒ Delete
NAME **William Corkery**
STREET ADDRESS **3323 Viveanda Blvd**
CITY-ST-ZIP **Bradenton FL 34207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME **Director-President-Secretary**
STREET ADDRESS **Craig Zalan Ka**
CITY-ST-ZIP **2231 Lockwood Meadows St**
Sarasota FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Larson
1-15-03 **941-366-0875**

Date

941-366-0875