

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90070 017 ***150.00

DOCUMENT # P02000081387

1. Entity Name
AFFORDABLE CLOSET ALTERNATIVES, INC.



Principal Place of Business
**4489 ASHVILLE HIGHWAY
MONTICELLO FL 32344**

Mailing Address
**4489 ASHVILLE HIGHWAY
MONTICELLO FL 32344**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2375367

Applied For

Not Applicable

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

**WARD, TERESA C
4489 ASHVILLE HIGHWAY
MONTICELLO FL 32344**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **Director**
NAME **Keith M. WARD** ☐ Change ☒ Addition
STREET ADDRESS **4489 Ashville Hwy**
CITY-ST-ZIP **Monticello FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **Director**
NAME **Teresa C. WARD** ☐ Change ☒ Addition
STREET ADDRESS **4489 Ashville Hwy**
CITY-ST-ZIP **Monticello FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **Director**
NAME **Cameron D. WARD** ☐ Change ☒ Addition
STREET ADDRESS **4489 Ashville Hwy**
CITY-ST-ZIP **Monticello FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

KEITH M. WARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith M. WARD **1/13/03** **(850) 342-3455**
Date Daytime Phone #

CR2E034 (10/02)