FILED
Jul 03, 2003 8:00 am
Secretary of State

05-15-2003 90114 010 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090703

1. Entity Name
ACSHARES INC.

Principal Place of Business	Mailing Address
602 CORAL GLEN LOOP #102 ALTAMONTE SPRINGS FL 32714 US	602 CORAL GLEN LOOP #102 ALTAMONTE SPRINGS FL 32714 US
2. Principal Place of Business: 844 GRAND REGENCY POINTE	3. Mailing Address: 844 Grand Regency Pointe
Suite, Apt. #, etc.: #100	Suite, Apt. #, etc.: #100
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country:	Zip: 32714. Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0789046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERTOU, DANIEL A
602 CORAL GLEN LOOP
#102
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: DANIEL BERTOU
Street Address (P.O. Box Number is Not Acceptable): 844 GRAND REGENCY POINTE #100
City: Altamonte Springs FL Zip Code: 32714.

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P BERTOU, DANIEL A 602 CORAL GLEN LOOP ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Daniel Bertou 844 Grand Regency Pointe #100 Altamonte Springs, FL 32714.	☑ Change ☐ Addition
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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 05/29/03 407-341-9738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #