

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 041 ***558.75

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AT

DOCUMENT # P02000128587

1. Entity Name

AMERICAN COMPLETE SERVICES, INC.



Principal Place of Business

308 WEST 13TH STREET
SANFORD FL 32771
US

Mailing Address

308 WEST 13TH STREET
SANFORD FL 32771
US

2. Principal Place of Business

3625 West First St.

Suite, Apt. #, etc.

3. Mailing Address

3625 West First St.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Sanford FL

City & State

Sanford FL

4. FEI Number

14-1859372

Applied For

Not Applicable

Zip

32771

Country

US

Zip

32771

Country

US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTHERS, STEVE P
308 WEST 13TH STREET
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name Walthers, Steve P.

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

3625 West First St.

City Sanford

FL

Zip Code

32771

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, the registered agent.

SIGNATURE

Steve P. Walther

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

TITLE PD
NAME WALTHERS, STEVE P
STREET ADDRESS 308 WEST 13TH STREET
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE D
NAME DELLO RUSSO, ROBERT G
STREET ADDRESS 109 COMMERCE ST., #1101
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE D
NAME BARTON, HOWARD C
STREET ADDRESS 3551 WEST 1ST STREET
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Steve P. Walther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)