

**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

0002443 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 <input type="checkbox"/> 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

WALTERS, 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, registered agent.
SIGNATURE: *Steve P. Walther*
(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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTERS, STEVE P 308 WEST 13TH STREET SANFORD FL 32771	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLO RUSSO, ROBERT G 109 COMMERCE ST., #1101 LAKE MARY FL 32746	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, HOWARD C 3551 WEST 1ST STREET SANFORD FL 32771	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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)