

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90152 028 ***150.00

DOCUMENT # P32206

1. Entity Name
AMERICAN CAPITOL MANAGEMENT COMPANY



Principal Place of Business
1031 WEST MORESE BLVD.
SUITE 160
WINTER PARK FL 32789

Mailing Address
1031 WEST MORESE BLVD.
SUITE 160
WINTER PARK FL 32789



2. Principal Place of Business
1031 W. Morse Blvd.

3. Mailing Address
1031 W. Morse Blvd.

Suite, Apt. #, etc.
Suite 350

Suite, Apt. #, etc.
Suite 350

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
USA

Zip
32789

Country
USA

4. FEI Number **52-1708157**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWANN & HADLEY, P.A.
1031 W MORSE BLVD
SUITE 160
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **Swann & Hadley, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1031 W. Morse Blvd.
Suite 350
City **Winter Park** **FL** Zip Code **32789**

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

2-3-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
MCAULIFFE, TERENCE R. ☐ Delete
7527 OLD DOMINION
MCLEAN VA 22102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
MCAULIFFE, DOROTHY S ☐ Delete
7527 OLD DOMINION
MCLEAN VA 22102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SWANN, CHRISTIAN M ☐ Delete
1031 W MORSE BLVD., STE. 160
WINTER PARK FL 32789

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Swann, Christian M ☒ Change ☐ Addition
1031 W. Morse Blvd, Suite 350
Winter Park, FL 32789

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

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

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 title empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-03-03

Date

407-643-8977

Daytime Phone #

CR2E034 (10/02)