

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90510 019 ***150.00

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DOCUMENT # P96000048895

1. Entity Name
ACRP, INC.



Principal Place of Business
**901 SOUTH FEDERAL HIGHWAY
101A
FORT LAUDERDALE FL 33316**

Mailing Address
**901 SOUTH FEDERAL HIGHWAY
101A
FORT LAUDERDALE FL 33316**

11003032



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0672296**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKES, JOHN P ESQ.
901 SOUTH FEDERAL HIGHWAY
SUITE 101A
FORT LAUDERDALE FL 33316**

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 **PD** ☐ Delete
NAME **WILKES, JOHN P**
STREET ADDRESS **901 SOUTH FEDERAL HIGHWAY SUITE 101A**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Wilkes

Date **4/13/03** Daytime Phone #

CR2E034 (10/02)

Attachment

LAW OFFICES
JOHN P. WILKES

PROFESSIONAL ASSOCIATION
SUITE 101A

901 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33316

email:jpwpa@aol.com

#P960000 48895

11003032

TELEPHONE (954) 467-9200

FACSIMILE (954) 467-6508

April ¹⁶~~14~~, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Annual Report filing of ACRP, Inc.
Document #P96000048895

Dear Sirs/Madams:

Enclosed please find our check in the amount of \$150.00, along with the 2003 Uniform Business Report for the above-referenced Corporation.

If you have any questions regarding the foregoing, please do not hesitate to contact me.

Sincerely,

Jean T. Sherman

JEAN T. SHERMAN
Legal Assistant

/jts
Enclosures
cc: ACRP, Inc.