## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

MENT# p96000093755
A.C. Martsage Grown Inc 03 APR -9 AM 7:32 **DOCUMENT#** SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 200015767092 04/11/03--01076--017\_\*\*150.00 2. Principal Place of Business 3. Mailing Address 10400 Griffin RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 209 4. FEI Number City & State City & State Applied For 650708003 Cooper City Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33328 **Broward** Fee Required 7. Name and Address of Current Registered Agent Name Tra C. Hatch DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1701 HIGHWAY A1A City Vero Beach Zip Code 32963 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) √ January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. JITLE TITLE PD NAME MAAR \* Herrera Henry STREET ADDRESS STREET ADDRESS 1631 SW 106 Terrace, Davie FI.33324 CITY-ST-ZIP CITY-ST-ZIP TITLE VP NAME NAME Herrera Jackie STREET ADDRESS STREET ADDRESS 1631 SW 106 Terrace, Davie Fl.33324 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS --- DO NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

TITLE'

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME: -

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-03

Daytime Phone #

g1 4/10

CR2E034B (12/02)



AC Mortgage Group Inc.

Residential & Commercial Lending 10400 Griffin Rd., Ste. 209 Cooper City, FL. 33328

Ph: 954-252-9400 Fax: 954-689-4147

April 6, 2003

## TO WHOM IT MAY CONCERN,

Please be advised AC Mortgage Group Inc, no longer has the post office box address.

Our address is as stated above. Please remove the PO Box address from your records.

Sincerely

Henry Wérfera. President

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