

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90090 038 \*\*\*150.00

**DOCUMENT # P97000072919**

1. Entity Name  
**A/C ENTERPRISE OF 67 INC.**



Principal Place of Business  
**900 BAHAMA DR  
ORLANDO FL 32806  
US**

Mailing Address  
**900 BAHAMA DR  
ORLANDO FL 32806  
US**

**90019612**



2. Principal Place of Business

3. Mailing Address

**2255 ELM ST**

**2255 Elm St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Oviedo Fla**

City & State

**Oviedo Fla**

Zip

**32765**

Country

**US**

Zip

**32765**

Country

**US**

4. FEI Number **65-0782737**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLERICO, AL  
1645 EAST LIVINGSTON ST  
ORLANDO FL 32803**

Name

**AL CLERICO**

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

**2255 ELM ST**

City **Oviedo**

**FL**

Zip Code

**32765**

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 **AL CLERICO President OWNER**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/5/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CLERICO, AL**  
STREET ADDRESS **900 BAHAMA DR**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **President** ☒ Change ☐ Addition  
NAME **CLERICO AL**  
STREET ADDRESS **2255 Elm St**  
CITY-ST-ZIP **Oviedo FL 32765**

TITLE **P** ☐ Delete  
NAME **CLERICO, AL**  
STREET ADDRESS **2255 Elm St**  
CITY-ST-ZIP **Oviedo FL 32765**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **AL CLERICO President OWNER** **2/5/03** **407 977-3415**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)