2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000097792 Sep 07, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN CONSULTING GROUP, INC. 08-22-2000 90236 004 ***150.00 Principal Place of Business Mailing Address 7421 QUAIL MEADOW RD CORRECT 7421 QUAIL MEADOW RD CORPELT PLANT CITY FL 33565 ADDRESS PLANT CITY FL 33565 ADDRESS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3496671 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent ... SPIKER, JEFF Street Address (P.O. Box Number is Not Acceptable) 4721 QUAIL MEADOW RD WRONG ADDRESS PLANT CITY FL 33565 City Zip Code Fl 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 9 ☐ Chance ☐ Addition TITLE □ Delete TITLE $\mathsf{D} \mathcal{P}$ JEFF SPIKER MAME NAME 7421 QUAIL MEADOW RD PLANT CITY FL 33565 4721 QUAIL MEADOW RD WRONG ADDRESS STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ПΠЕ HSIAO, LESLIE 4721 QUALL NAME NAME 8731 TANTALLON CIR STREET ADDRESS STREET ADDRESS MEADOW RD TAMPA FL 33619 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE HSIAO LESLIE 8731 TANTALLION CIR TAMPA FL 33619 NAME STREET ADORES STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP this fling does no quelify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information sumplied with this findicated on this report or supplemental report is true a of the corporation of the rece changed, or on an allachmen

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attachment Doc# pg1000091192

FLORIDA DEPT OF STATE 309647

YOUR ADDRESS IS WRONG ON LINE 6

LINE I IS CORRECT. I RECEIVED YOUR

SECOND NOTICE WITH A FILING FEE OF \$5500

7421 QUAIL MEADOWRD

PLANT CITY FL 33565

1: 83-966-2961 MOBILE PHONE

2. 813-986-8902 Home

Jahr & Sau