

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90164 028 \*\*\*150.00

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**DOCUMENT # P97000097792**

1. Entity Name

AMERICAN CONSULTING GROUP, INC.



Principal Place of Business

7421 QUAIL MEADOW RD  
PLANT CITY FL 33565

Mailing Address

7421 QUAIL MEADOW RD  
PLANT CITY FL 33565

2. Principal Place of Business

25 SECOND ST. N.

3. Mailing Address

25 SECOND ST. N.

Suite, Apt. #, etc.

STE 220

Suite, Apt. #, etc.

STE 220

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3496671

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIKER, JEFF

4721 QUAIL MEADOW RD  
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

JANETTE MCCURLEY

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

100 2ND AVENUE S. STE 101

City

ST PETERSBURG

FL

Zip Code

33701

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

*Janette M McCurley*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

**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 DP ☒ Delete  
NAME SPIKER, JEFF  
STREET ADDRESS 4721 QUAIL MEADOW RD  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE DVP ☒ Delete  
NAME HSIAO, LESLIE  
STREET ADDRESS 8731 TANTALLON CIR  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D/P ☐ Change ☒ Addition  
NAME WHEELER, GARY  
STREET ADDRESS 7810 10TH AVENUE S.  
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE D/VP ☐ Change ☒ Addition  
NAME TYLER, DEAN  
STREET ADDRESS 310 COFFEE POT RIVIERA NE  
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*GARY WHEELER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)