

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90143 016 ***150.00

DOCUMENT # *P97000101015*

1. Entity Name

Acclaim Enterprise Agencies



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14427 Tamborine Dr

Suite, Apt. #, etc.

3. Mailing Address

14427 Tamborine Dr

Suite, Apt. #, etc.

90137585

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

93500426

☒ Applied For
☐ Not Applicable

Zip

32837

Country

U.S.A

Zip

32837

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thaimir A. Kingland

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

260 N. Orange Avenue

Suite 309

City

Orlando

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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

Thaimir A. Kingland

5/12/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>Syed T. Shahzad President 14427 Tamborine Drive Orlando, FL 32837</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Registered Agent / CEO Thaimir A. Kingland 260 N. Orange Avenue # 309 Orlando, FL 32801</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thaimir A. Kingland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/03

CR2E034B (12/02)