

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 029 ***150.00

DOCUMENT # P98000045776

1. Entity Name
AMERICOMMERCIAL CAPITAL, INC.

Principal Place of Business
**455 NETHERWOOD CRESCENT S.
CASSELBERRY, FL 32714**

Mailing Address
**455 NETHERWOOD CRESCENT S.
CASSELBERRY, FL 32714**



2. Principal Place of Business
Suite, Apt. #, etc.
455 Netherwood Cres. S.
City & State
Altamonte Springs, FL
Zip
32714
Country
Seminole

3. Mailing Address
Suite, Apt. #, etc.
455 Netherwood Cres. S.
City & State
Altamonte Springs, FL
Zip
32714
Country
Seminole

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3527678** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**COOK, ROBERT W
1432 CANTERBURY CIRCLE
CASSELBERRY, FL 32707**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
455 Netherwood Cres. S.
City **Altamonte Springs FL** Zip Code **32714**

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]* **4/27/2003** DATE

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when maintaining)

FILE NOW! FEE IS \$60.00
After May 1, 2003, Fee will be \$65.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	COOK, ROBERT W	1432 CANTERBURY CIRCLE	CASSELBERRY, FL 32707	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		455 Netherwood Cres. S.	Altamonte Springs, FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]* **4/27/2003** **407-375-8013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)