

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91391 021 ***150.00

0147398
AV

DOCUMENT # P98000077405

1. Entity Name
AC & LP CORP.

Principal Place of Business Mailing Address
2057 TAFT ST. **2057 TAFT ST.**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0864081		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

~~6. Name and Address of Current Registered Agent~~

~~7. Name and Address of New Registered Agent~~

BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD FL 33020

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, LESTER C	NAME	
STREET ADDRESS	4190 S.W. 75TH CIRCLE EAST	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, LORA J	NAME	
STREET ADDRESS	705 EAST GREEN LANE	STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK GA 30189	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, DEBORAH K	NAME	
STREET ADDRESS	4151 S.W. 75TH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, HAMILTON D	NAME	
STREET ADDRESS	2301 LEE STREET	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, NANCY A	NAME	
STREET ADDRESS	P.S.C. 41 BOX 45	STREET ADDRESS	
CITY-ST-ZIP	APO AE 09464	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, KIMBERLY S	NAME	
STREET ADDRESS	ROUTE 5B BOX 669	STREET ADDRESS	
CITY-ST-ZIP	HINDERSONVILLE NC 28792	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Lester C. Boggs 3/19/02 954-923-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)