

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000038949

1. Entity Name

AMERICAN CLINICAL ENGINEERING, INC.

R

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-10-2000 90179 032 ***158.75

Principal Place of Business

Mailing Address

2262 U.S. HIGHWAY 19
@13
FL 34691

2262 U.S. HIGHWAY 19
UNIT @13
HOLIDAY FL 34691-3937

2. Principal Place of Business

111 SOUTH SATURN AVE.
Suite, Apt. #, etc.

3. Mailing Address

111 SOUTH SATURN AVE.
Suite, Apt. #, etc.

City/State
CLEARWATER FL
Zip 33755 County US

City/State
CLEARWATER FL
Zip 33755 County US

4. FEI Number 503 57 2755

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name JOHN P. HAGGITT
Street Address (P.O. Box Number is Not Acceptable)
300 TURNER ST.
City CLEARWATER FL Zip Code 33756

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, DANIEL N	
STREET ADDRESS	2262 U.S. HIGHWAY 19	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, PAULA J	
STREET ADDRESS	2262 U.S. HIGHWAY 19	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE	PVDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MEUNING	
STREET ADDRESS	111 SOUTH SATURN AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

727-444-4453

Daytime Phone #

CR2E034 (9/99)