UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # P9900060778 1. Entity Name ACPM FLORIDA, INC.			0060778			FILED			
Principal Place of Business 7552 NAVARRE PKWY., STE. 1 NAVARRE FL 32566 7312 RAVARRE FL 32566 7312				E 1		:03 NOV 24 PM 2:23 :03 NOV 24 PM 2:23 SECRETARY OF STATE SECRETARY OF STATE TAIL AHASSEE, FLORIDA			
2. Principal I 8 (64 Suite, Apt	ac Pan	CM AND	instai ×	EVIEW HECK HERE IF M	AKING CHANGES	 			
City & Sta	PROF	FZ	City & State NA VALLE	FL		4. FEI Number 59	3600583	N	pplied For ot Applicable
357 PV -	6906 C	ontry JA Address of Current R	325th~ 6966	Country USA		 Certificate of Sta Name and Address 		Fee Require	
7552-NAVARRE PKWY., STE. 1 NAVARRE FL 32566-7312 810						ess (P.O. Box Number is Not Acceptable)			
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 Purpose A									
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS						Trust Fun	d Contribution.	Added	to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLINCHY, RICH 7552 NAVARRE NAVARRE FL 32	ard a III Pkwy., ste. 1	☐ Delete	11. TITLE NAME STREET ADDRES CITY-ST-ZIP	816 818	4 Navace		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLINCHY, NANC 7652 NAVARRE NAVARRE FL 92	PKWY: STE: 1	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		H NAVADARE		Change	Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	D MCSWAIN JR, N 1212 BOURBON NEW ORLEANS	ST	☐-Delete · ·	TITLE NAME STREET ADDRES CITY-ST-ZIP			025024 -0102101	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATCH, JIM 150 FOXFIRE LA OLDSMAR FL 34		Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	6		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MICH P O BOX 2824 POST FALLS ID		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBRO 931320 \ WESTLAKE	GIRRONE VIA COLIHA: VILLAGE,	□ Delete : - #118 CA 91362	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		~	☐ Change	☐ Addition
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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #