

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071646

1. Entity Name
AMERICAN CAPITAL PARTNERS INC.

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90002 045 ***150.00

Principal Place of Business
1481 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address
1481 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

2. Principal Place of Business
13534 BRIGHTSTONE ST.

3. Mailing Address
P.O. Box 15515

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
WEST PALM BEACH, FL

Zip
33414-8901

Zip
33416

Country

4. FEI Number 65-0940280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDE, LISA
1481 S. MILITARY TRAIL
#12
WEST PALM BEACH FL 33415

Name
MULLER, SHERRY

Street Address (P.O. Box Number is Not Acceptable)
13534 BRIGHTSTONE ST.

City
WELLINGTON FL

Zip Code
33414-8901

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 4/26/2001

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
D
NAME
SPELL, STEVE
STREET ADDRESS
1481 S MILITARY TRAIL #12
CITY-ST-ZIP
WEST PALM BEACH FL 33415

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRES, DIR.
NAME
MULLER, SHERRY
STREET ADDRESS
13534 BRIGHTSTONE ST.
CITY-ST-ZIP
WELLINGTON, FL 33414-8901

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:  DATE 4/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)