

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

0364387 AV

**DOCUMENT # P99000071646**

1. Entity Name  
**AMERICAN CAPITAL PARTNERS INC.**

02-13-2002 90157 030 \*\*\*150.00

Principal Place of Business  
**13534 BRIGHTSTONE ST.**  
**WELLINGTON FL 33414-8901**

Mailing Address  
**PO BOX 15515**  
**WEST PALM BEACH FL 33416**

80024633



2. Principal Place of Business

**13833 wellington trace E4**  
 Suite, Apt. #, etc.  
**#206**

3. Mailing Address

**13833 wellington trace E4**  
 Suite, Apt. #, etc.  
**#206**

DO NOT WRITE IN THIS SPACE

City & State  
**Wellington FL**

Zip  
**33414**

Country  
**USA**

City & State  
**Wellington FL**

Zip  
**33414**

Country  
**USA**

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

**MULLER, SHERRY**  
**13534 BRIGHTSTONE ST.**  
**WELLINGTON FL 33414-8901**

7. Name and Address of New Registered Agent

Name  
**Sherry Muller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13833 wellington trace E4**  
**Suite 206**  
 City  
**Wellington** FL Zip Code  
**33414**

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)

1/29/02  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MULLER, SHERRY</b> <b>13534 BRIGHTSTONE ST.</b> <b>WELLINGTON FL 33414-8901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Sherry Muller</b> <b>13833 wellington trace E4, #206</b> <b>Wellington FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 561-785-7122  
 Date Daytime Phone #

CR2E034 (9/01)