

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100226

1. Entity Name  
A.C. ENTERPRISES OF BROWARD COUNTY, INC.

Principal Place of Business  
4976 S.W. 121 AVENUE  
COOPER CITY FL 33330

Mailing Address

4976 S.W. 121 AVENUE  
COOPER CITY FL 33330

2. Principal Place of Business  
4976 SW 121 Ave

3. Mailing Address

4976 SW 121 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Cooper City, FL

City & State  
Cooper City, FL

Zip  
33330

Country  
USA

Zip  
33330

Country  
USA

4. FEI Number

65-0968011

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, ANTHONY J  
4976 S.W. 121 AVENUE  
COOPER CITY FL 33330

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

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

(NOTE: Registered Agent's signature required when reinstating)

4/28/02

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, ANTHONY J 4976 S.W. 121 AVENUE COOPER CITY FL 33330	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 and typed or printed name of signing officer or director

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 90706 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

USA  
AV

CR2E034 (9/01)

4/28/02 (954) 829-2594  
Daytime Phone #