

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106839

1. Entity Name

AMERICAN CONSOLIDATED EXCHANGE, INC.

Principal Place of Business

646 FORT SMITH BLVD.
DELTONA FL 32738-8715

Mailing Address

646 FORT SMITH BLVD.
DELTONA FL 32738-8715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3614026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

ADAMS, D M

646 FORT SMITH BLVD.

DELTONA FL 32738-8715

7. Name and Address of New Registered Agent

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 signature required when registering)

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, 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 DIRECTOR
NAME D. M. ADAMS
STREET ADDRESS 646 FORT SMITH BLVD
CITY-ST-ZIP DELTONA FL 32738

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

12-31-00

Date

407-574-5350

Daytime Phone

1/9/01

FILED
Mar 06, 2001 8:00 am
Secretary of State

01-09-2001 90019 043 ***150.00



DO NOT WRITE IN THIS SPACE

CP25034 (10/00)