

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91364 027 ***150.00

DOCUMENT # P99000106839 1. Entity Name AMERICAN CONSOLIDATED EXCHANGE INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 646 FORT SMITH BLVD. Suite, Apt. #, etc.		3. Mailing Address 646 FORT SMITH BLVD. Suite, Apt. #, etc.	
City & State DELTONA FL		City & State DELTONA FL	
Zip 32738-8715		Country US	
City & State DELTONA FL		4. FEI Number 59-3614026	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent Name ADAMS, D.M. Street Address (P.O. Box Number is Not Accepted) 646 FORT SMITH BLVD City DELTONA FL Zip Code 32738		\$8.75 Additional Fee Required	
8. I, the above named entity, submit 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 _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable. DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ADAMS, D.M. 646 FORT SMITH BLVD DELTONA FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/28/03 386.574 Daytime Phone #: 5350	

CR2E034B (12/02)