

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90026 012 ***150.00

DOCUMENT # S64664

1. Entity Name

A ACHEN INDEPENDENT FINANCIAL CONSULTANTS (IFC), INC.

Principal Place of Business

**2149 NW 6 ST
 FT LAUDERDALE FL 33311
 US**

Mailing Address

**P.O. BOX 5612
 FT LAUDERDALE FL 33310**

2. Principal Place of Business

**111 LAKE EMERALD DRIVE
 Suite, Apt. #, etc.
 # 205**

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

Zip Country

33309 US

4. FEI Number

65-0272912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARL T. THOMPSON SR.
 2149 NW 6 ST
 FT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **Carl T. Thompson Sr**
 Street Address (P.O. Box Number is Not Acceptable)
111 LAKE EMERALD DRIVE # 205
 City **Oakland Park** FL Zip Code **33309**

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CARL T.	
STREET ADDRESS	111 LAKE EMERALD DR #205	
CITY-ST-ZIP	OAKLAND PK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, BEVERLY P.	
STREET ADDRESS	111 LAKE EMERALD DR #205	
CITY-ST-ZIP	OAKLAND PK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)