

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90150 019 ***150.00

DOCUMENT # V31185
 1. Entity Name
AMERICAN COMBAT ENGINEERING, INCORPORATED

Principal Place of Business Mailing Address
3006 W FERN STREET **3006 W FERN STREET**
TAMPA FL 33614 **TAMPA FL 33614**

902006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

NO CHANGES *NO CHANGES*

4. FEI Number Applied For
59-3142698 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUTT, ROBERT L
3006 W FERN STREET
TAMPA FL 33614

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

NO CHANGES

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: *Robert L Schutt* **ROBERT L SCHUTT PRESIDENT** **4/26/2002**
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. (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SCHUTT, ROBERT L 3006 W. FERN ST. TAMPA FL	<input type="checkbox"/>		
VSD SCHUTT, RHONDA G. 3006 W FERN ST TAMPA FL	<input type="checkbox"/>		
VTD SCHUTT, NELLIE 3006 W. FERN ST. TAMPA FL	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

NO ADDITIONAL OR CHANGES

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: *Robert L Schutt* **ROBERT L. SCHUTT** **4/26/2002** **813-876-7804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)