

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90280 024 ***150.00

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DOCUMENT # 684433



1. Entity Name
AMERICAN MUNICIPAL SECURITIES, INC.

Principal Place of Business
**770 SECOND AVE SOUTH
SAINT PETERSBURG FL 33701
US**

Mailing Address
**P O BOX 11749
ST PETERSBURG FL 33733
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2023127**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PETAGNA, JOHN COOPER, JR.
615-16TH AVENUE, N.E.
ST. PETERSBURG FL 33704**

Name

Street Address (P.O. Box Number is Not Acceptable)

2007 BAYVIEW DRIVE

City

TiERRA VERDE

FL

Zip Code

33715

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PETAGNA, JOHN COOPER JR	
STREET ADDRESS	615 16TH AVE	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	DONOHUE, MARK K.	
STREET ADDRESS	2819 W. TERRACE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEUART, JEANNE W	
STREET ADDRESS	606 16TH AVE, NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2007 BAYVIEW DRIVE	
CITY-ST-ZIP	TiERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannette Howard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 (727) 825-0522
Date Daytime Phone #

CR2E034 (10/02)