

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003170

1. Entity Name

AMERIPLAN CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

14180 Dallas Parkway

Suite, Apt. #, etc.

Suite 504

3. Mailing Address

14180 Dallas Parkway

Suite, Apt. #, etc.

Suite 508

City & State

Dallas, TX

City & State

Dallas, TX

4. FEI Number

75-2452941

Applied For

Not Applicable

Zip

75240

Country

USA

Zip

75240

Country

USA

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

Corporation Service Company

1291 Hays Street

Tallahassee, FL 32301-2525

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres/COO/Secy/Director ☐ Delete
NAME Daniel Bloom
STREET ADDRESS 14180 Dallas Parkway, Suite 504
CITY-ST-ZIP Dallas, Texas 75240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COB/CEO/Director ☐ Delete
NAME Dennis Bloom
STREET ADDRESS 14180 Dallas Parkway, Suite 504
CITY-ST-ZIP Dallas, Texas 75240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Bloom, Pres.

Date

4/5/2001 972-702-9856

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 047 ***150.00

A0049454

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)