

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90038 023 ***150.00

DOCUMENT # H73576

1. Entity Name

AMERILANTIC FINANCIAL RESOURCES AND CONSULTING

Principal Place of Business

P. O. BOX 2261
 FT. PIERCE FL 34954-2261
 US

Mailing Address

2409 WILDERNESS DRIVE, SOUTH
 FT PIERCE FL 34982-6558
 US

2. Principal Place of Business

P.M.B. 270

3. Mailing Address

P.M.B. 270

Suite, Apt. #, etc.

568 NINTH ST, SOUTH

Suite, Apt. #, etc.

568 NINTH ST, SOUTH

City & State

NAPLES, FLORIDA 34102

City & State

NAPLES, FLORIDA 34102

4. FEI Number

59-2731146

Applied For

Not Applicable

Zip

34102

Country

COLLIER

Zip

34102

Country

COLLIER

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LISA, RALPH
 3302 "D" SOUTH 7TH ST
 FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name
 LISA RALPH
 Street Address (P.O. Box Number is Not Acceptable)
 732 WOODSHIRE LN
 City
 NAPLES FL Zip Code
 34105

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PD LISA, RALPH	3302 "D" SOUTH 7TH ST.	FT. PIERCE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	LISA RALPH	732 WOODSHIRE LN	NAPLES, FL 34105	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

3/17/2000