FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 21, 2002 8:00 am secretary of State DOCUMENT # M98665 1. Entity Name AMERICAN LEDGER MANAGEMENT, INC. 02-21-2002 90126 027 ***150.00 Principal Place of Business Mailing Address 2328 DESTINY WAY 2328 DESTINY WAY ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2912588 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name The Law Offices of Steven W. Moore Street Address (P.O. Box Number is Not Acceptable) 8200 Bryan Dairy Road Suite 300 Largo, Florida 33777 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **VPD** ☐ Delete TITLE Change ☐ Addition **BEAU, PHILIPPE** NAME NAME STREET ADDRESS 2328 DESTINY WAY STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME BEAU, ANDRE NAME STREET ADDRESS 2328 DESTINY WAY STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of 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