

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Amended

APPROVED  
AND  
FILED

02 OCT 18 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5000084543360004  
-10/18/02--01086--002  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DOCUMENT # P0200003001D  
1. Entity Name  
American Trust Realty Partners, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1720 El Sobran #202  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 380997  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Port Charlotte FL

City & State  
Murdoch Florida

4. FEI Number  
043629923  
 Applied For  
 Not Applicable

Zip  
33948

Country  
USA  
Charlotte

Zip  
33938-0997

Country  
USA

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
WALTER J. SHACKLETT

Street Address (P.O. Box Number is Not Acceptable)  
8222 HARBORESIDE DR.

City  
ENGLEWOOD FL **FL** Zip Code  
33432

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 Mary M Winkel Mary M Winkel - President 10/15/02  
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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PRESIDENT  
NAME  
MARY M. WINKEL  
STREET ADDRESS  
1720 EL SOBAN RD  
CITY-ST-ZIP  
PT. CHARLOTTE, FL 33948

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary M Winkel Mary M Winkel 10/15/02 941627-5567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)