2001 UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # 644480  1. Entity Name  Ameri-Life & Health Services of		SECRETARY OF STATE BIVISION CORPORATIONS  OI JUL 17 PM 12: 37							
Principal Place of Business 12083 Cortez Blvd 2536 Countryside Blvd Sixth Floor					01 JUL 1 <i>1</i>	FH12.	JI		
Brooksville FL 34613 Clearwater FL 33763  2. Principal Place of Business 3. Mailing Address					 		,		
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Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				_
City & State	e City & State			4. FEI Number 59-195281		Applied For Not Applicable		<u> </u>	,
Zip Country	_ Zip	Count	Country		Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current	Registered Agent		Name .		lame and Address of New Re	gistered Age	ent		
Thornton, R. Maury			Name		noff, Robert Harry				
2536 Countryside Blvd			Street Addre	ss (P.O. Be 2536 C	ox Number is Not Acceptable) ountryside Blvd,				
Sixth Floor	•			Sixth F		'			7
Clearwater FL 33763			City		ater	FL	Zip Code		-
8. The above named entity submits this statement for	or the purpose of changing its	registere	d office or regi	istered age	ent, or both, in the State of Flori			3763	$\dashv$
SIGNATURE Signature, typed or printed Jame of registered agent	halad		l Agent signature rec		フ-	10-0	/		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	FILE NOW! After MAY 1, 20 Make Check Payak	01 Fee v	will be \$550.0	00 State	Election Campaign Fina     Trust Fund Contribution.			0 May Be to Fees	
11. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	12.		AD	DITIONS/CHANGES TO OFFIC				_ ا
NAME Messer, Ivan STREET ADDRESS 12083 Cortez Blvd CITY-ST-ZIP Brooksville FL 34613	□ Delete		1			:	] Change	Addition	-034 /41/00
ITILE ST  NAME THORNTON, R. MAURY  2536 Countryside Blvd Clearwater FL 33763	🔀 Delete	•		ī	6000049 -08/01/ *****9	510 <del>6</del> 01010 7.50 *	666- 117( ****	15 015 02.50	נפיל
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ITILE NAME STREET ADDRESS CITY-ST-ZIP  13.   hereby certify that the information supplied with	☐ Delete	CITY-	ET ADDRESS ST-ZIP				] Change	Addition	

3. 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 approach, with all other like empowered.

SIGNATURE: (Man Messer

June 25, 2001

(727) 726-0726

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City/State/	Zip Phone #		1		•	
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