## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # F0000001630 1. Entity Name AMERIMEX COMMUNICATIONS CORP. 01-30-2001 90189 019 \*\*\*150.00 Principal Place of Business Mailing Address 1078 ALPHARETTA ST., STE #9 1078 ALPHARETTA ST., STE #9 ROSWELL GA 30075 ROSWELL GA 30075 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 58-2404604 Not Applicable Zip Country 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 SUMMERLIN, SUZANNE F Street Address (P.O. Box Number is Not Acceptable) 1311-E PAUL RUSSELL RD, SET 201 TALLAHASSEE FL 32301 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCTD** TITLE ☐ Defete TITLE ☐ Change ☐ Addition ALDRIDGE, DONALD L NAME NAME STREET ADDRESS 1078 ALPHARETTA ST., STE #9 STREET ADDRESS CITY-ST-ZIP **ROSWELL GA** CITY-ST-ZIP VSTD V 5 D Delete TITLE ☐ Addition HUFFMAN, DAVID W NAME STREET ADDRESS 1078 ALPHARETTA ST., STE #9 STREET ADDRESS CITY-ST-ZIP ROSWELL GA CITY-ST-ZIP ☐ Delete TITLE V D-~ Addition RIVERA, IRVING NAME STREET ADDRESS 1078 ALPHARETTA ST., STE #9 STREET ADDRESS CITY-ST-ZIP ROSWELL GA CITY-ST-ZIP TITLE Delete TITLE Change Addition BAKER, RONALD A NAME NAME STREET ADDRESS 1078 ALPHARETTA ST., STE #9 STREET ADDRESS CITY-ST-ZIP ROSWELL GA 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 NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P