

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90175 032 ***150.00

DOCUMENT # **F02000003377**



1. Entity Name
AMERICAN COUNSELORS, INC.

Principal Place of Business
**1817 EAGLE DR.
WOODSTOCK GA 30189**

Mailing Address
**1817 EAGLE DR.
WOODSTOCK GA 30189**

2. Principal Place of Business
1360 REDMOND CR.

3. Mailing Address
1360 REDMOND CR.

City & State
ROME, GA

City & State
ROME, GA

Zip
30165

Country
USA

Zip
30165

Country
USA

4. FEI Number **58-1517203**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ANTHONY, JOHN
33 N. GARDEN AVE. #1100
CLEARWATER FL 33755-6606

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WHITE, MICHAEL A <input type="checkbox"/> Delete 33 N. GARDEN AVE. #1000 CLEARWATER FL 33755-6606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, ANN O <input type="checkbox"/> Delete 33 N. GARDEN AVE. #1000 CLEARWATER FL 33755-6606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. White (MICHAEL A. WHITE) 1/21/03 206-232-7694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)