

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.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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
33 N. GARDEN AVE. #1000
CLEARWATER FL 33755-6606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WHITE, ANN O
33 N. GARDEN AVE. #1000
CLEARWATER FL 33755-6606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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)

4/21/03

206-232-7694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)