

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000003562

1. Entity Name
AMERIBAN INC.



Principal Place of Business
**6566 E. SKELLY DRIVE
TULSA, OK 74155**

Mailing Address
**6566 E. SKELLY DRIVE
TULSA, OK 74155**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1305373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRAZIER, JULIE
5600 "B" AIRPORT BLVD
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	FELLERS, FRANK JR
STREET ADDRESS	6566 E SKELLY DRIVE
CITY - ST - ZIP	TULSA, OK 74145
TITLE	S
NAME	FELLERS, LORI
STREET ADDRESS	6566 E SKELLY DRIVE
CITY - ST - ZIP	TULSA, OK 74145
TITLE	T
NAME	BROPHY, TOM
STREET ADDRESS	7932 E. 60TH STREET
CITY - ST - ZIP	TULSA, OK 74145
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/01/05-80078-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Brophy

25 January 2005 918/621-44

Date

Daytime Phone #