

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001986

1. Entity Name

AMERICAN RENOVATIONS OF FLORIDA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:44

Principal Place of Business

Mailing Address

5800 FAIRFIELD AVE., STE 217  
FORT WAYNE IN 46807

5800 FAIRFIELD AVE., STE 217  
FORT WAYNE IN 46804-4424

2. Principal Place of Business

4405 Engle Road

3. Mailing Address

4405 Engle Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Wayne, IN

City & State

Fort Wayne, IN

4. FEI Number

35-1837341

Applied For

Not Applicable

Zip

46804

Country

Zip

46804-4424

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLUSSER, ROBERT W  
46900 VERMONT ROAD, BOX 106  
PUNTA GORDA FL 33982

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PC  
STREET ADDRESS DIETRICH, ROBERT  
CITY-ST-ZIP 5415 OLD MILL ROAD  
FORT WAYNE IN 46807

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200003190482--2  
CITY-ST-ZIP -03/30/00--01096--015  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

(219) 459-9550

Date

Daytime Phone #

Robert Dietrich, President

CR2E034 (9/99)