

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000819

1. Entity Name

AMERICAN RESEARCH BUREAU, INC.

Principal Place of Business

2386 E. HERITAGE WAY
SALT LAKE CITY UT 84109

Mailing Address

2386 E. HERITAGE WAY
SALT LAKE CITY UT 84109-1808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFIERE, JILL
2501 EAST COMMERCIAL BLVD
SUITE 213
FORT LAUDERDALE FL 33308

Name Jill Alfieri
Street Address (P.O. Box Number is Not Acceptable)
218 COMMERCIAL BLVD
SUITE 201-0
City LAUDERDALE-BY-THE-SEA FL Zip Code 33308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-00

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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, MARY E 2386 E. HERITAGE WAY SALT LAKE CITY UT 84109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, J. DANIEL 2685 COQUINA CT SALT LAKE CITY UT 84121	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHWARTZ, STEVEN M 1906 E 3780 S SALT LAKE CITY UT 84106	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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.

SIGNATURE: Steven M. Schwartz Steven M. Schwartz 3/28/2000 801-484-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90147 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR 11/14/00 (1/1/00)