

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90083 015 \*\*\*150.00

0092764

**DOCUMENT # H73576**

1. Entity Name  
**AMERHLANTIC FINANCIAL RESOURCES AND CONSULTING**

Principal Place of Business <b>PMB 270                  568 NINTH ST SOUTH                  NAPLES FL 34102                  US</b>	Mailing Address <b>PMB 270                  568 NINTH ST SOUTH                  NAPLES FL 34102                  US</b>
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**00033086**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>P.M.B. 270</b>	3. Mailing Address <b>P.M.B. 270</b>
Suite, Apt. #, etc. <b>568 NINTH STREET SOUTH</b>	Suite, Apt. #, etc. <b>568 NINTH STREET SOUTH</b>
City & State <b>NAPLES, FLORIDA 34102</b>	City & State <b>NAPLES, FLORIDA 34102</b>

4. FEI Number **59-2731146**  
 Applied For   
 Not Applicable

Zip <b>34102</b>	Country <b>COLLIER</b>	Zip <b>34102</b>	Country <b>COLLIER</b>
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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

**LISA, RALPH  
 732 WIDSHIRE LANE  
 NAPLES FL 34105**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>PD LISA, RALPH 732 WOODSHIRE LANE NAPLES FL 34105</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RALPH M. LISA**

Date **4/3/2001**  
 Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)