

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90118 042 \*\*\*150.00

0042048

**DOCUMENT # L24527**

1. Entity Name

**AMERIKOTE ENTERPRISES, INC.**

Principal Place of Business

**1044 WINDSONG CR  
APOPKA FL 32703**

Mailing Address

**1044 WINDSONG CR  
APOPKA FL 32703**

2. Principal Place of Business

**636 GRAMPIAN COURT**

Suite, Apt. #, etc.

3. Mailing Address

**636 GRAMPIAN COURT**

Suite, Apt. #, etc.

City & State

**APOPKA, FL**

City & State

**APOPKA, FL**

Zip

**32712**

Country

**USA**

Zip

**32712**

Country

**USA**

4. FEI Number

**59-2975146**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**O'NEAL, ROBERT W.  
1044 WINDSONG CIRLCE  
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **BOB E. PARSONS III**

Street Address (P.O. Box Number is Not Acceptable)

**636 GRAMPIAN COURT**

City

**APOPKA**

**FL**

Zip Code

**32712**

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

**BOB E. PARSONS III**

**4-11-01**

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, 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

TITLE **D** ☒ Delete  
NAME **O'NEAL, ROBERT W.**  
STREET ADDRESS **1044 WINDSONG CIRLCE**  
CITY-ST-ZIP **APOPKA FL**

TITLE **D** ☒ Delete  
NAME **O'NEAL, ELAINE W.**  
STREET ADDRESS **1044 WINDSONG CIRLCE**  
CITY-ST-ZIP **APOPKA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **BOB E. PARSONS III**  
STREET ADDRESS **636 GRAMPIAN COURT**  
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE **P** ☒ Change ☐ Addition  
NAME **REBECCA I. PARSONS**  
STREET ADDRESS **636 GRAMPIAN COURT**  
CITY-ST-ZIP **APOPKA, FL 32712**

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

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

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

TITLE ☐ Change ☐ Addition  
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)(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

**BOB E. PARSONS III**

Date

**4-11-01**

Daytime Phone #

**407-884-5900**

CR2E034 (10/00)