## FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91019 035 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L	.32101
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1. Entity Name

Principal Place of Business

AMERICORP FINANCIAL GROUP, INC.



	CA RATON BLVD SUITE 108 FL 33431-6651	3100 NW BOCA RATON BL	VD SUITE 108	
US	12 00101 0001	PALM BEACH FL 33431-665	1	I HANDIAN AND HERE HAND HAND HAND HAND HAND HAND HAND WHAT DIGHT WAS AND HAND
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,	Place of Business	3. Mailing Address	<u> </u>	T 1887HOLL OOD LIHTE HEED TIDEL BOTHT FLOT BEING FLOT BEING BEING BEING BEING FLOT BEING FLOT FLOT BEING FLOT FLOT FLOT FLOT FLOT FLOT FLOT FLOT
	IW Boca Katon Blvd	3100 NW BOC	a Raton Blvd	
Suite, Apt.	· •	Suite, Apt. #, etc.	•	CHECK HERE IF MAKING CHANGES
Suite City & Star	100	Suite 108		
City & Star	Raton FL	city & State Boca Raton	FL	4. FEI Number 65-0190827 0160-183 Applied For
Zip	Country	Zip Zip	Country	Not Applicable
33431		33431-6651	05	5. Certificate of Status Desired  Fee Required
	6. Name and Address of Current R			7. Name and Address of New Registered Agent
			Name	
patek, r	OBERT C.		Street Address	(P.O. Box Number is Not Acceptable)
3100 NW BOCA RATON BLVD SUITE 108		Street Address	(F.C. Box Number is Not Acceptable)	
BOCA RA	TON FL 33431-6651			
	Α.		City	FL Zip Code
<ol><li>The above the obligat</li></ol>	named entity submits this statement for a ions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
u to bongat	iona or rogiotoroa agonti			
SIGNATURE				•
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) DATE
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Re
	May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
(	Payable to Florida Department of S			
10. `*	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTSD	☐ Delete	TITLE	Change Addition
NAME	Patek, Robert C.   4217 South Ocean Boulevard	•	NAME	
STREET ADDRESS CITY-ST-ZIP	HIGHLAND BEACH FL 33487		STREET ADDRESS CITY-ST-ZIP	
	Than Barb Beach TE GOTO		· · · · · · · · · · · · · · · · · · ·	
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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 of flustee 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: