2002 Uniform Business Report (UBR)

changed, or on an attachment with an

SIGNATURE:

Mar 13, 2002 8:00 am Secretary of State DOCUMENT # L45856 1. Entity Name 03-13-2002 90043 006 ***150 00 AMERIPLUS, INC. Principal Place of Business Mailing Address 14300 CARLSON CIRCLE PO BOX 1739 **TAMPA FL 33626** OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-2986848 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOROTA, JOSEPH J. JR. Street Address (P.O. Box Number is Not Acceptable) 28100 US HWY 19 NORTH SUITE 504 CLEARWATER FL 33761-2686 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE DST NAME Parker, William L. NAME STREET ADDRESS 1709 FAULDS RD STREET ADDRESS ۵ CITY-ST-7/P CLEARWATER FL CITY-ST-ZIF TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME POIRIER, STEVE NAME STREET ADDRESS STREET ADDRESS 2820 CHELSEA PLACE N. CITY-ST-ZIP CITY-ST-7IP Clearwater fl TITLE - Delete TITLE Change ☐ Addition NAME NAME Parker, William M STREET ADDRESS STREET ADDRESS 710 EASTLAKE DR. CITY-ST-ZIP CITY-ST-ZIP <u>tarpon springs fl</u> TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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 empty lered to execute its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

1. Entity Na			ORT (UI	BR)			
AMERIPL	.US, INC.					. 115. 1	
Principal Place of Business 14300 CARLSON CIRCLE TAMPA FL 33626 US		Mailing Address PO BOX 1739 OLDSMAR FL 34677 US			42399		
2. Principal	Place of Business	3. Mailing Address	· · ·	<u> </u>			
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta	ate *	City & State	City & State		4. FEI Number 59-2986848		pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Ac Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
-	JOSEPH J. JR. 3 HWY 19 NORTH 4				P.O. Box Number is Not Acceptable)	
	NTER FL 33761-2686		City			FL Zip Coo	le
9. This corp	signature, typed or printed name of registered agoration is eligible to satisfy its Intangil requirement and elects to do so, tria on back)	ent and title if applicable (NOTE ble FILE NOW!! After May 1, 200	Pegistered Agent sig	0.00 \$550.00	when reinstating) 10. Election Campaign Fina Trust Fund Contribution	DATE	00 May Be
11.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	12.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARKER, WILLIAM L 1709 FAULDS RD CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POIRIER, STEVE 2820 CHELSEA PLACE N. CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		☐ Change	Addition
TITLE	D PARKER, WILLIAM M 710 EASTLAKE DR. TARPON SPRINGS FL	— Delete	. TITLE — — NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
of the corp	ertify that the information supplied will on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that my	r cionattira chall	nave the co	ime legal attact ac it mada undar aci	the that I am an afficar i	ar director I

SIGNATURE: