

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90005 050 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # M98665

1. Entity Name
AMERICAN LEDGER MANAGEMENT, INC.

Principal Place of Business

Mailing Address

670 2ND STREET NORTH
 SAFETY HARBOR FL 34695

670 2ND STREET NORTH
 SAFETY HARBOR FL 33556-3410

2. Principal Place of Business

3. Mailing Address

American Ledger Management **American Ledger Management**
28 Destiny Way **2328 Destiny Way**
Odessa, FL 33556-3410 **Odessa, FL 33556-3410**

FEI Number **59-2912588**

Applied For
 Not Applicable

Zip Country Zip Country

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

PATEL, SANDIP I., ESQ.
PATEL & MOORE, P.A.
2240 BELLEAIR RD, SUITE #160
CLEARWATER FL 33764

Name

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

City

FL

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 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

☐ Delete

☒ Change ☐ Addition

TITLE
 NAME **VPD**
 STREET ADDRESS **BEAU, PHILIPPE**
 CITY-ST-ZIP **670, 2ND STREET N.**
SAFETY HARBOR FL 34695

TITLE
 NAME **Beau, Philippe**
 STREET ADDRESS **2328 Destiny Way**
 CITY-ST-ZIP **Odessa, FL 33556-3410**

VPD

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TITLE
 NAME **P**
 STREET ADDRESS **BEAU, ANDRE**
 CITY-ST-ZIP **670, 2ND STREET N.**
SAFETY HARBOR FL 34695

TITLE
 NAME **Beau, Andre**
 STREET ADDRESS **2328 Destiny Way**
 CITY-ST-ZIP **Odessa, FL 33556-3410**

P

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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

Date

Daytime Phone #

CR2E034 (9/99)