

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90164 032 ***158.75

DOCUMENT # P01000026026

1. Entity Name
AMERICAN EQUITY BUILDERS, INC.



Principal Place of Business
**11097 TEMPLE AVE
SEMINOLE FL 33772**

Mailing Address
**11097 TEMPLE AVE
SEMINOLE FL 33772**

2. Principal Place of Business

3. Mailing Address

11049
Suite, Apt. #, etc.

VALENCIA Ave. No.
Suite, Apt. #, etc.

City & State

City & State

SEMINOLE, FL.

33772
Zip

FLORIDA
Country

Zip

Country

4. FEI Number

APPLIED FOR

FICA

Applied For

Not Applicable

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

**JACKSON, GENE
7750 RIDGE RD #108A
SEMINOLE FL 33772**

Name

Gene JACKSON

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

11049 VALENCIA Ave. No.

City

Seminole

FL

Zip Code

33772

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P JACKSON, GENE
11097 TEMPLE AVE NO.
SEMINOLE FL 33772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JACKSON, GENE
11049 VALENCIA, Ave. No
SEMINOLE, FL 33772** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gene Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/26/03 **393-5254**

CR2E034 (10/02)