

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051463

1. Entity Name

AMERICAN MODEL AND TALENT GROUP, INC.

Principal Place of Business

20505 US HWY 19 NORTH, STE 121-A
CLEARWATER FL 33764

Mailing Address

20505 US HWY 19 NORTH, STE 121-A
CLEARWATER FL 33764

2. Principal Place of Business

2611A Seville Blvd

Suite, Apt. #, etc.

3. Mailing Address

2611 Seville Blvd.

Suite, Apt. #, etc.

City & State

Clearwater, FLA

City & State

Clearwater, FLA

4. FEL Number

59-3721206

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

33764

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHEINFRANK, R.E.
5426 BAYWATER RD
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name L. M. JOHNSON

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

3380 Crystal Court East, Apt I

City Palm Harbor

FL

Zip Code

34685

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

LuAnne M. Johnson

LUANNE M. JOHNSON

1/4/02

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, 2002 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 P + D
NAME YORK, A.G. III
STREET ADDRESS PO BOX 5467
CITY-ST-ZIP CLEARWATER FL 33758

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

AG. YORK III, president

727-796-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residing Phone #

0458935 AV

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90013 048 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)