

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90332 009 ***150.00

DOCUMENT # P01000101766Entity Name
AMERICAN RESOURCE TECH INC.Principal Place of Business
6574 NORTH STATE RD 7 #122
COCONUT CREEK FL 33073Mailing Address
6574 NORTH STATE RD 7 #122
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-1146892**

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****JOHNSTON, ROBERT**
6574 NORTH STATE RD 7 #122
COCONUT CREEK FL 33073

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	President			
	Robert Johnston	6574 N. State Rd 7 #122	Coconut Creek FL 33073	
	Secy/Treasurer			
	Betty Johnston	6574 N State Rd 7 #122	Coconut Creek FL 33073	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Johnston

4/22/02 954 796-0423

Date

Daytime Phone #

CR2E034 (9/01)