

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91150 014 ***150.00

DOCUMENT #

P01000112563

1. Entity Name

AMERICAN TRUST ASSET MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9040 Executive Park Dr

3. Mailing Address

9040 Executive Park Dr

Suite, Apt. #, etc.

Suite 383

Suite, Apt. #, etc.

Suite 383

City & State

Knoxville, TN

City & State

Knoxville, TN

4. FEI Number

65-1156929

Applied For

Not Applicable

Zip

37923

Country

Zip

37923

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Greg H. Brooks

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

6489 Parkland Drive

City

Sarasota

FL

34243

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Greg H. Brooks
9040 Executive Park Dr, Ste 383
Knoxville, TX 37923

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)