FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended AND FILED

DOCUMENT # P01000112563

1. Entity Name
American Trust Asset Management, Inc

02 OCT 18 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800008454308--3
-10/18/02--01086--001
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1720 El Jobean	PO Box 380997
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.
City & State: Port Charlotte FL	City & State: Murdock FL
Zip: 33948 Country: USA	Zip: 33938-0997 Country: USA

4. FEI Number: 65-1156929 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mary M Winkel

Street Address (P.O. Box Number is Not Acceptable): 1720 El Jobean Suite 202

City: Port Charlotte FL Zip Code: 33948

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: Mary M Winkel Mary M Winkel 10/15/02 President
Signature of typed name of registered agent and title if applicable (NOTE: Registered Agent's 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	President Mary M. Winkel 1720 El Jobean Suite 202 Pt. Charlotte, FL 33948	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary M Winkel Mary M. Winkel 10/15/02 941-627-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #