


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0190634 AV

DOCUMENT # P02000035701	
1. Entity Name AMERICANLIEN CORP.	

FILED

03 JUN 27 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

03

Principal Place of Business 1751 WEST COPANS ROAD SUITE 7R POMPANO BEACH FL 33064	Mailing Address 1751 WEST COPANS ROAD SUITE 7R POMPANO BEACH FL 33064
---	---

2. Principal Place of Business 3080 FAIRLANE FARMS ROAD Suite, Apt. #, etc. SUITE # 2	3. Mailing Address 3080 FAIRLANE FARMS ROAD Suite, Apt. #, etc. SUITE # 2
---	---

City & State WELLINGTON, FL.	City & State WELLINGTON, FL.
--	--

4. FEI Number 02-0573683	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33414	Country USA	Zip 33414	Country USA
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLYNN, JAMES P 1751 WEST COPANS ROAD SUITE 7R POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent Name GLYNN, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 3080 FAIRLANE FARMS ROAD SUITE # 2 City WELLINGTON FL Zip Code 33414

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.	JAMES P. GLYNN (NOTE: Registered Agent signature required when reinstating)	06/26/03 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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GLYNN, JAMES P 1751 WEST COPANS ROAD #7R POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVITO, TRACY A. 2022 ALTA MEADOWS LN, APT. 602 DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUSCHI, JOHN 712 GARDENSIDE CIRCLE MARIETTA, GA. 30067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000021173980 06/27/03--01038--001 **558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	TRACY A. DEVITO PRESIDENT	06/26/03 Date	(561) 333-8666 Daytime Phone #
--	-------------------------------------	-------------------------	--

CR2E034 (10/02)