
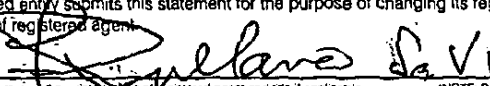
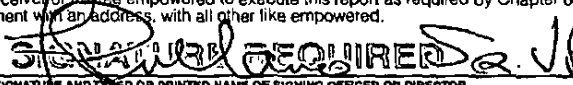


FILED
Aug 14, 2003 8:00 am
Secretary of State

08-04-2003 90139 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

8/

DOCUMENT # P02000047768			
1. Entity Name AMERICAN RESCUE TRUST, INC.			
Principal Place of Business 2637 EAST ATLANTIC BOULEVARD #126 POMPANO BEACH FL 33062		Mailing Address 2637 EAST ATLANTIC BOULEVARD #126 POMPANO BEACH FL 33062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, ALEXANDER P 633 S.E. 3RD AVENUE SUITE 301 FT. LAUDERDALE FL 33301		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 7/31/03	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLANO, FRANK 2637 EAST ATLANTIC BOULEVARD, #126 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		DATE 7/31/03 DAYTIME PHONE 954-785-8503	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

55054164



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 42-1556435 190905 ☐ Applied For ☐ Not Applicable

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

CR2E034 (4/03)

Attachment 55054164

AMERICAN RESCUE TRUST
2637 Atlantic Av.
#126
Pompano Beach, Fl. 33062.

Tele: (954) 785-8503

Fax (954) 785-6013
Email: Fpullanosr@AOL.com

July 31, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILLINGS
BOX. 1500
TALLAHASSEE FL. 32302-1500

Re: UBR DOCUMENT # P02000047768

Late fee waiver request

Gentlemen,

Enclosed is check #1099 in the amount of \$150.00 in accordance with the instructions on the back of the last page.

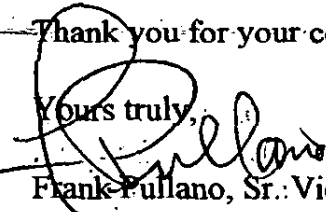
Please accept this request for for a waiver of the late fee for the following reasons:

This subject notice is the first notice that was received.

Additionally, this late request is because I was up North and did not return until July 30, 2003 in the afternoon. Therefore that was my first opportunity to see your notice.

Thank you for your cooperation and await your reply.

Yours truly,


Frank Pullano, Sr. Vice Pres.