

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90003 020 \*\*\*150.00

**DOCUMENT # P03000060494**

1. Entity Name  
**AMERISCOPE, INC.**



Principal Place of Business  
**9045 LAFONTANA BOULEVARD  
SUITE C-5-A  
BOCA RATON, FL 33434 US**

Mailing Address  
**9045 LAFONTANA BOULEVARD  
SUITE C-5-A  
BOCA RATON, FL 33434 US**

**44045931**



2. Principal Place of Business  
**Ameriscope**

3. Mailing Address  
**Ameriscope**

Suite, Apt. #, etc.  
**12322 ST. SIMON DR**

Suite, Apt. #, etc.  
**12322 ST. SIMON DR**

05072004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton**

4. FEI Number  
**33-1059997**

Applied For  
Not Applicable

Zip  
**33428**

Country  
**USA**

Zip  
**33428**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**TICE, MARNI CHRIS  
9045 LAFONTANA BOULEVARD  
SUITE C-5-A  
BOCA RATON, FL 33434**

Name

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

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,S  
TICE, MARNI CHRIS  
9045 LAFONTANA BOULEVARD, SUITE C-5-A  
BOCA RATON, FL 33434** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T, D  
TICE, MARNI CHRIS  
9045 LAFONTANA BOULEVARD, SUITE C-5-A  
BOCA RATON, FL 33434** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
marni Chris Tice  
12322 ST. SIMON DR  
Boca Raton, FL 33428** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

**5/13/04**

**561-487-4011**

Date

Daytime Phone #

attachment  
44045931

## Division of Corporations

## Annual Report

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Document Number

P03000060494

Business Entity Name

AMERISCOPE, INC.

561-487-4011

FEI Number

33-1059997

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

12322 St. Simon Drive

Suite, Apt. #, etc.

City, State

BOCA RATON

FL

Zip Code &amp; Country

33428

US

## Mailing Address

Address

12322 St. Simon Drive

Suite, Apt. #, etc.

City, State

BOCA RATON

FL

Zip Code &amp; Country

33428

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

TICE

MARNI

C

Preside

or-RA Business Name

Address

12322 St. Simon Drive

Suite, Apt. #, etc.

City, State

BOCA RATON

FL

Zip Code &amp; Country

33428

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Attachment*  
*44045931*

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