

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015266

1. Entity Name

AMERICAN EQUITY CORPORATION OF PINELLAS

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90183 028 ***150.00

Principal Place of Business

Mailing Address

275 - 96TH AVENUE NORTH
STE. 3
ST. PETERSBURG FL 33702
US

P.O. BOX 10604
ST. PETERSBURG FL 33733-0604
US

2. Principal Place of Business

3. Mailing Address

7901-4th St No

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

Zip

33702

Country

USA

Zip

Country

4. FEI Number

59-3168141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKINSON, G B
696 1ST AVE. NORTH
SUITE 201
ST. PETERSBURG FL 33701

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS CLAMPITT, R E
CITY-ST-ZIP 7902 4TH ST, N., SUITE 320
ST. PETERSBURG FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BAYLESS, RONALD C.
CITY-ST-ZIP 7901 4TH ST, N., SUITE 320
ST PETERSBURG FL 33702

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of R. E. Clampitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 727-576-4949
Date Daytime Phone #

CR2E034 (9/99)