

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90142 003 ***150.00

DOCUMENT # P93000013690

1. Entity Name
AMERICAN ENTERPRISES MARKETING CORPORATION

Principal Place of Business

Mailing Address

~~28163 US HWY 19 N.~~
~~STE 201~~
~~CLEARWATER FL 33761~~

~~28163 US HWY 19 N~~
~~STE 201~~
~~CLEARWATER FL 33761~~

LU042030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~4150 LASALLE DR~~
Suite, Apt. #, etc.

~~4150 LASALLE DR~~
Suite, Apt. #, etc.

City & State
PALM HARBOR FL.

City & State
PALM HARBOR FL.

4. FEI Number 59-3168403

Applied For
Not Applicable

Zip
34685

Country
Pinellas

Zip
34685

Country
Pinellas

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

EBERT, WILLIAM
~~28163 US 19 N STE 201~~
~~CLEARWATER FL 33761~~

NEW
ADDRESS

Name EBERT WILLIAM E

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

4150 LASALLE DR

City PALM HARBOR FL Zip Code 34685

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 *William E Ebert* - WILLIAM E. EBERT President 3/30/2001
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D EBERT, JANESE A 28163 US 19 N STE 201 CLEARWATER FL 33761	<input type="checkbox"/> Delete New Address →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EBERT, WILLIAM E 28163 US 19 N STE 201 CLEARWATER FL 33761	<input type="checkbox"/> Delete New Address →
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	DIRECTOR EBERT, JANESE A 4150 LASALLE DR. PALM HARBOR FL. 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EBERT WILLIAM E 4150 LASALLE DR. PALM HARBOR FL. 34685	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William E Ebert* President 3/30/2001 727-791-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM E EBERT President

CR2E034 (10/00)