

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90010 046 ***158.75

DOCUMENT # P93000052064

1. Entity Name
AMERICAN TRADE CENTER, INC.

Principal Place of Business

~~5845 118TH AVENUE~~
~~CLEARWATER FL 34624~~
US

Mailing Address

204 AVANDA CT.
CLEARWATER FL ~~34616~~ 33756
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11922 Hwy 19 N. (D)

Suite, Apt. #, etc.

Suite D

City & State

Clearwater, FL

Zip

33764

Country

Pine Hias

3. Mailing Address

204 Avanda Ct

Suite, Apt. #, etc.

Clearwater

City & State

FL

Zip

33756

Country

Pine Hias

4. FEI Number **59-3192148**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, RUTH G
204 AVANDA COURT
CLEARWATER FL ~~34643~~ 33756

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits

SIGNATURE

Signature, typed or printed n

*Zip Code
has Changed*

is registered office or registered agent, or both, in the State of Florida.

TE. Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to ss
Tax filing requirement and elect
(See criteria on back)

!!!! FEE IS \$150.00
001 Fee will be \$550.00
ible to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ALDEN, DAVEPORT
204 AVANDA COURT
CLEARWATER FL 33756

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Ruth G. Davenport
204 Avanda Ct.
Clearwater, FL 33756

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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: *Ruth Davenport (Ruth G Davenport)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01
Date

727-461-7828
Daytime Phone #

CR2E034 (10/00)