

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017665

1. Entity Name

AMERICAN INVESTMENT SERVICES OF BRANDON INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90128 027 \*\*\*150.00

Principal Place of Business

Mailing Address

710 OAKFIELD DRIVE  
SUITE 208  
BRANDON FL 33511

710 OAKFIELD DRIVE  
SUITE 208  
BRANDON FL 33511-4924

2. Principal Place of Business

601 S. Harbour Island Blvd.

3. Mailing Address

601 S. Harbour Island Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

33602

Country

United States

Zip

33602

Country

United States



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3181018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REEDY, MICHAEL C.P.A.  
2130 W. BRANDON BLVD.  
SUITE 202  
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name Geoffrey Todd Hodges

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

601 South Harbour Island Blvd.

Suite 200

City

Tampa

FL

Zip Code

33602

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]*

Geoffrey Todd Hodges

01/05/00

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

TITLE D  
NAME LANE, THOMAS B  
STREET ADDRESS 11400 OAK DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569 ☒ Delete

TITLE ST  
NAME MARTIN, JEAN  
STREET ADDRESS 710 OAKFIELD DRIVE, SUITE 208  
CITY-ST-ZIP BRANDON FL ☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D, S, T  
NAME Frank Musolino  
STREET ADDRESS 601 South Harbour Island Blvd., Ste 200  
CITY-ST-ZIP Tampa, FL. 33602 ☐ Change ☒ Addition

TITLE Assistant Secretary  
NAME Lillian Tramontano  
STREET ADDRESS 601 S. Harbour Island Blvd, Suite 200  
CITY-ST-ZIP Tampa, FL 33602 ☐ 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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian Tramontano

Date

1/05/2000

Daytime Phone #