

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90165 048 \*\*\*150.00

**DOCUMENT # P94000091172**

1. Entity Name  
**AMERICAN TRADING & BROKERAGE, INCORPORATED**

Principal Place of Business      Mailing Address

~~1180 SPRINGS CENTER SOUTH BLVD~~      ~~1180 SPRINGS CENTER SOUTH BLVD~~  
~~#116~~      ~~#116~~  
~~ALTAMONTE SPRINGS FL 32714~~      ~~ALTAMONTE SPRINGS FL 32714 1854~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**480 N. Orlando Ave**      **480 N. Orlando Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 200**      **Suite 200**  
 City & State      City & State  
**Winter Park, FL**      **Winter Park, FL**  
 Zip      Country      Zip      Country  
**32789**      **U.S.A.**      **32789**      **U.S.A.**

4. FEI Number      Applied For

**59-3281680**       Not Applicable

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

6. Name and Address of Current Registered Agent

**PIZZUTI, STEPHEN D**  
~~1180 SPRINGS CENTER SOUTH BLVD~~  
~~#116~~  
~~ALTAMONTE SPRINGS FL 32714~~

7. Name and Address of New Registered Agent

Name

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

**480 N. Orlando Ave Suite 200**  
 City      State      Zip Code  
**Winter Park**      **FL**      **32789**

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:      **Stephen D. Pizzuti**      **4-27-00**  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D</b>	<b>PIZZUTI, STEPHEN D</b>	<del>1180 SPRINGS CENTER SOUTH BLVD #116</del>	<del>ALTAMONTE SPRINGS FL 32714</del>	<input type="checkbox"/>
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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>480 N. Orlando Ave Suite 200</b>	<b>Winter Park, FL 32789</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:      **Stephen D Pizzuti**      **4/25/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)