

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037505

1. Entity Name

AMERICAN HOME BASE INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90033 026 ***150.00

Principal Place of Business

Mailing Address

358-D W. 9 MILE ROAD
 PENSACOLA FL 32534

P.O. BOX 2430
 PENSACOLA FL 32513

2. Principal Place of Business

410 W. 9 Mile Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip Country

32534

4. FEI Number

59-3317449

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

BROWN, KEVIN
 358-D W. 9 MILE ROAD
 PENSACOLA FL 32534

Name

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

410 W. 9 Mile Rd

City

Pensacola

FL

Zip Code

32534

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 VP
 NAME AMOS, KELLEY B
 STREET ADDRESS 3710 PIEDMONT ROAD
 CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE P
 NAME BROWN, KEVIN B
 STREET ADDRESS 2040 SCENIC HWY
 CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/99)