

2001 UNIFORM BUSINESS REPORT (UBR)

3/16

FILED
Apr 17, 2001 8:00 am
Secretary of State

03-16-2001 90051 032 ***150.00

DOCUMENT # P96000010949

1. Entity Name

AMERICAN HOME TECH, INC.

Principal Place of Business

Mailing Address

PO BOX 56831
JACKSONVILLE FL 32241

PO BOX 56831
JACKSONVILLE FL 32241

2. Principal Place of Business

3580 PAUL MALL DR.

Suite, Apt. #, etc.

1803

City & State

JACKSONVILLE FLA.

Zip

32257

Country

DUVAL

3. Mailing Address

3580 PAUL MALL DR.

Suite, Apt. #, etc.

#1803

City & State

JACKSONVILLE FLA

Zip

32257

Country

DUVAL

4. FEI Number **65-0647105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRIGNO, V. R
4859 VICTOR ST.
JACKSONVILLE FL 33207

7. Name and Address of New Registered Agent

Name

NEIL R. FERRIGNO

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

3580 PAUL MALL DR #1803

City

JACKSONVILLE

FL

Zip Code

32257

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, 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

TITLE **PVTS** ☐ Delete
NAME **FERRIGNO, NEIL**
STREET ADDRESS **3580 PAUL MALL DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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

2/29/01

Date

504 388-8040

Daytime Phone #

CR2E034 (10/00)