FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90324 020 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044990

1. Entity Name
AMERIVEST INVESTMENTS, INC.

Principal Place of Business	Mailing Address
16011 N. NEBRASKA AVE. 107 LUTZ, FL 33549 US	~~14609 N NEBRASKA AVE~~ ~~TAMPA, FL 33613 US~~

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		16011 N. Nebraska Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 107	
City & State		City & State Lutz, FL	
Zip	Country	Zip 33549	Country U.S.

4. FEI Number **59-3380566** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, FREDERICK J ESQ
MORRISON, MORRISON & MILLS, P.A.
1200 W. PLATT STREET #100
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name Jeffery S. Miesbauer
Street Address (P.O. Box Number Is Not Acceptable) 19607 Lake Osceola Lane
City Odessa FL Zip Code 33556

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature], CPA 09/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~
~~After May 1, 2003 Fee will be $550.00~~
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERMAN, GARY L 16403 ZURRAGUIN DE AVILA TAMPA, FL 33613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERMAN, BETTY D 16403 ZURRAGUIN DE AVILA TAMPA, FL 33613	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Weatherman [signature] 09/03/03 (813) 949-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)