

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000047030

FILED
Apr 29, 2003
Secretary of State

Entity Name: AMERICAS NATURE RESORTS, INC.

Current Principal Place of Business:

24909 ORANGE AVENUE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

P O BOX 12777
FORT PIERCE, FL 349792777 US

New Mailing Address:

24909 ORANGE AVENUE
FORT PIERCE, FL 34945 US

FEI Number: 65-0667128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, MARK A
24909 ORANGE AVENUE
FORT PIERCE, FL 34945

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRISON, MARK A
Address: 24909 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

Title: PSTC () Delete
Name: HARRISON, MARK A
Address: 24909 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: CD () Delete
Name: BAKER, WILLIAM T
Address: 15330 SE 55 PLACE ROAD
City-St-Zip: OCKLAWAHA, FL 32179

Title: TD () Delete
Name: ERWIN, ROBERT C
Address: 1502 AUGUSTA #120
City-St-Zip: HOUSTON, TX 77057

Title: D () Delete
Name: HARRISON, ELAINE A
Address: 2400 S OCEAN DRIVE #4100-A
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A HARRISON

PSTC

04/29/2003

Electronic Signature of Signing Officer or Director

Date