

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000049845**

**1. Entity Name**

AMERICAN HOUSING GROUP INC.

**Principal Place of Business**

4153 10TH AVENUE NORTH  
ST. PETERSBURG FL 33713

**Mailing Address**

4153 10TH AVENUE NORTH  
ST. PETERSBURG FL 33713

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

59-3536401

Applied For

Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CONLTO, ANTHONY  
5340 CENTRAL AVE  
SAINT PETERSBURG FL 33708

**Name**

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

City

FL Zip Code

**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 re-registering)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PSTD  
**NAME** EBERLY, EARL *Yes - Correct*  Delete  
**STREET ADDRESS** 4153 10TH AVENUE NORTH  
**CITY-ST-ZIP** ST. PETERSBURG FL 33713

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

**TITLE** VP *KNIGHT, JOHN*  Delete  
**NAME**  
**STREET ADDRESS** 1807 57TH ST-S  
**CITY-ST-ZIP** GULFPORT FL 33707

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

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  Change  Addition  
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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:** *John M. McLean Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01 727-709-9009

Date

Daytime Phone #

CR2E034 (10/00)