

2001 UNIFORM BUSINESS REPORT (UBR)

047 '98

DOCUMENT # P97000005690

1. Entity Name

AMERICAPITAL USA, INC.

FILED

01 MAY -1 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~2105 PARK AVENUE NORTH~~
~~WINTER PARK FL 32789~~

P.O. BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business

3. Mailing Address

129 ROBIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ALTAMONTE SPRINGS, FL

Zip
32701

Country

Zip

Country

4. FEI Number

59-3427605

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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.

(NOT

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
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 DPT
NAME PEPPER, DONNA D
STREET ADDRESS ~~2105 PARK AVENUE NORTH~~
CITY-ST-ZIP ~~WINTER PARK FL 32789~~

☐ Delete

TITLE DPT
NAME Donna D. Pepper
STREET ADDRESS 129 Robin Road
CITY-ST-ZIP Altamonte Springs, FL 32701

☒ Change ☐ Addition

TITLE DVPS
NAME JOHNSON, TONY B
STREET ADDRESS ~~2105 PARK AVENUE NORTH~~
CITY-ST-ZIP ~~WINTER PARK FL 32789~~

☐ Delete

TITLE DVPS
NAME Tony B. Johnson
STREET ADDRESS 375 Douglas Avenue
CITY-ST-ZIP Altamonte Springs, FL 32714

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Donna D. Pepper

DONNA D. PEPPER, PRESIDENT

4-25-01 407599-9998

Date

Daytime Phone #

CR2E034 (10/00)