

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015586

1. Entity Name
AMERICUS INTERNATIONAL CORPORATIONPrincipal Place of Business
11457 SAN JOSE BLVD. #165
JACKSONVILLE FL 32223Mailing Address
11457 SAN JOSE BLVD. #165
JACKSONVILLE FL 322232. Principal Place of Business
450 STATE ROAD 13 NORTH3. Mailing Address
450 STATE ROAD 13 NORTHSuite, Apt. #, etc.
No. 106-211Suite, Apt. #, etc.
No. 106-211City & State
JACKSONVILLE, FLORIDACity & State
JACKSONVILLE, FLORIDAZip
32259Country
USAZip
32259Country
USA4. FEI Number
59-3432758 Applied For
 Not Applicable5. 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

MURRILL, MITZIE M
11457 SAN JOSE BLVD. #165
JACKSONVILLE FL 32223

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 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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

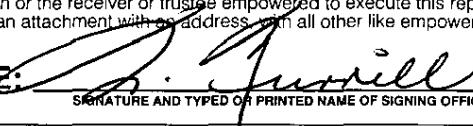
11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRILL, MITZIE M 11457 SAN JOSE BLVD. #165 JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	450 STATE ROAD 13 NORTH # 106-211 JACKSONVILLE, FLORIDA 32259 USA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, EDWARD H 11247 SAN JOSE BLVD. #611 JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	450 STATE ROAD 13 NORTH # 106-211 JACKSONVILLE, FLORIDA 32259 USA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

MITZIE M. MURRILL

01/22/01 (904) 260-1725

Date

Daytime Phone #

CR2E034 (10/00)

WJ1623