

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90133 041 ***150.00

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DOCUMENT # P98000006181

1. Entity Name
THE AMERICAN LIVING TRUST CORPORATION



Principal Place of Business
1728 NW 71ST AVE
PLANTATION FL 33313

Mailing Address
1728 NW 71ST AVE
PLANTATION FL 33313

2. Principal Place of Business
4289 Reflections Blvd

3. Mailing Address
4289 Reflections Blvd

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33351 Country
USA

Zip
33351 Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0807444**

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

CATES, JOHN R
1728 NW 71ST AVE
PLANTATION FL 33313-4401

Name
John R Cates
Street Address (P.O. Box Number is Not Acceptable)
4289 Reflections Blvd #105
Sunrise, FL 33351
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDC** ☐ Delete
NAME **CATES, JOHN R**
STREET ADDRESS **1728 NW 71 AVE**
CITY-ST-ZIP **PLANTATION FL 33313-4401**

TITLE **PDC** ☒ Change ☐ Addition
NAME **Cates, John R.**
STREET ADDRESS **4289 Reflections Blvd #105**
CITY-ST-ZIP **Sunrise, FL 33351**

TITLE **VST** ☐ Delete
NAME **EVANS, NADENE D**
STREET ADDRESS **1728 NW 71 AVE**
CITY-ST-ZIP **PLANTATION FL 33313-4401**

TITLE **VST** ☒ Change ☐ Addition
NAME **Cates, Nadene D.**
STREET ADDRESS **4289 Reflections Blvd #105**
CITY-ST-ZIP **Sunrise, FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03 **954 907-1673**

CP2E034 (10/02)