

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90127 003 ***150.00

0487017 AV

DOCUMENT # **P98000025389**

1. Entity Name

AMERIPRO ELECTRONICS, INC.



Principal Place of Business

**8502 N ARMENIA AVE
10
TAMPA FL 33604
US**

Mailing Address

**1204 WOODCREST AVE
CLEARWATER FL 33756**

2. Principal Place of Business

**18860 US HWY N
Suite, Apt. #, etc.
131**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3506821

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**THOMAS, LILAMAE W
1204 WOODCREST AVE
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 6, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | THOMAS, LILAMAE W | |
| STREET ADDRESS | 1204 WOODCREST AVE | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | THOMAS, LOUIS I | |
| STREET ADDRESS | 1786 HARBOR DR SOUTH | |
| CITY-ST-ZIP | DADE HARBOR FL 34883 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | THOMAS, DONALD W JR | |
| STREET ADDRESS | 10609 ILEX ST | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V.D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, LOUIS I. | |
| STREET ADDRESS | 8301 DIAGONAL RD. N | |
| CITY-ST-ZIP | ST. PETERSBURG, FL. 33702 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Sealence W. Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03
Date

Daytime Phone #

CR2E034 (10/02)