

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048543

1. Entity Name
AMERICADD INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90055 050 ***150.00

Principal Place of Business

Mailing Address

115 133RD ST. EAST
BRADENTON FL 34202

115 133RD ST. EAST
BRADENTON FL 34202

2. Principal Place of Business

8111 High Oaks Trail
Suite, Apt. #, etc.

3. Mailing Address

8111 High Oaks Trail
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Myakka City, Florida

City & State

Myakka City, Florida

4. FEI Number 65-0840527

Applied For
Not Applicable

Zip

34251

Country

Zip

34251

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHBY, MEREDITH A
115 133RD ST. EAST
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name Ashby, Meredith A.
Street Address (P.O. Box Number is Not Acceptable)
8111 High Oaks Trail
City Myakka City Zip Code 34251

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 *Meredith A. Ashby* President Meredith A. Ashby 4-22-01
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ASHBY, MEREDITH A	
STREET ADDRESS	115 133RD ST EAST	
CITY-ST-ZIP	BRADENTON FL 34-2002	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashby, Meredith A.	Address
STREET ADDRESS	8111 High Oaks Trail	
CITY-ST-ZIP	Myakka City, FL 34251	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Meredith A. Ashby* 4-22-01 (941) 322-9622
Signature DATE Daytime Phone #

CR2E034 (10/00)