

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90051 034 ****61.25
01-30-2003 90157 014 ****150.00

DOCUMENT # P98000073574

1. Entity Name

Ameri-Life & Health Services of Knoxville, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10904 Kingston Pike

Suite, Apt. #, etc.

3. Mailing Address
2536 COUNTRYSIDE BLVD

Suite, Apt. #, etc.
Sixth Floor

DO NOT WRITE IN THIS SPACE

City & State
Knoxville TN

City & State
CLEARWATER FL

4. FEI Number
59-3434141

Applied For
Not Applicable

Zip
37922

Country
USA

Zip
33763

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
NORTH, HEATHER

Street Address (P.O. Box Number is Not Acceptable)
2536 Countryside Blvd. 6th Floor

City Clearwater **FL** **Zip Code** 33763

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
Dale Liggett
10904 Kingston Pike
Knoxville TN 37922

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale Liggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Liggett

7/1/03

Date

727-726-0726

Daytime Phone *

CR2E034B (12/01)