

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90118 039 ***150.00

DOCUMENT # P98000101112

1. Entity Name
 Ameri-Tube, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 725 Marlinspike Drive
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 34220
 Suite, Apt. #, etc.

City & State
 Pensacola, FL

City & State
 Pensacola, FL

Zip
 32507

Country
 USA

Zip
 32507

Country
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3553289

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
 Brenda Varnes

Street Address (P.O. Box Number is Not Acceptable)
 725 Marlinspike Drive

City
 Pensacola

FL

Zip Code
 32507

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. 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

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Brenda Varnes 725 Marlinspike Dr. Pensacola, FL 32507	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Richard Varnes 725 Marlinspike Dr. Pensacola, FL 32507	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

Brenda Varnes

4/6/03

850-497-1834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)