

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036076

1. Entity Name

ASSET MANAGEMENT USA CORPORATION

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90023 045 \*\*\*150.00

Principal Place of Business

5029 MUELLERS LN  
SAFETY HARBOR FL 34695-4819

Mailing Address

PO BOX 15132  
CLEARWATER FL 33766-5132

2. Principal Place of Business

7242 4th ST. N.

3. Mailing Address

P.O. Box 15132

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

CLEARWATER, FL.

4. FEI Number

59-3574575

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

33766

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASON, ANDREW M  
5029 MUELLERS LN  
SAFETY HARBOR FL 34695-4819

7. Name and Address of New Registered Agent

Name

SAME

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS MASON, ANDREW M  
CITY-ST-ZIP 5029 MUELLERS LN  
SAFETY HARBOR FL 34695-4819

TITLE ☐ Delete  
NAME PRESIDENT & CEO  
STREET ADDRESS ANDREW MASON, M  
CITY-ST-ZIP 5029 MUELLERS LN  
SAFETY HARBOR, FL 34695

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)