

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/4/1

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90115 049 \*\*\*150.00

**DOCUMENT # P99000058924**

1. Entity Name

**AMERIMED ASSET FINANCE GROUP, INC.**

*R*

Principal Place of Business

**150 S PINE ISLAND ROAD SUITE 500  
 PLANTATION FL 33324**

Mailing Address

**150 S PINE ISLAND ROAD SUITE 500  
 PLANTATION FL 33324-2665**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELLMAN, MAYNARD J  
 150 S PINE ISLAND ROAD SUITE 500  
 PLANTATION FL 33324**

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.

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
 NAME **PRESS, ROBERT D**  
 STREET ADDRESS **150 S PINE ISLAND ROAD SUITE 500**  
 CITY-ST-ZIP **PLANTATION FL 33324**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**S. D. Alyce B. Schreiber**  
**150 S PINE ISLAND RD SUITE 500**  
**PLANTATION, FL 33324**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

*Alyce B. Schreiber* 4/21/2000 (954) 577-9225

Date

Daytime Phone #

CR2E034 (9/99)