

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90066 006 \*\*\*150.00

**DOCUMENT # P99000059808**

1. Entity Name  
**AMER ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**1169 LAKEPOINTE PLANTATION FL 33322**      **1169 LAKEPOINTE PLANTATION FL 33322**

**00070774**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **West Palm Beach**      3. Mailing Address  
**5600 N. FLAGLER DR.**      **5600 N. FLAGLER DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**603**      **603**

City & State      City & State      4. FEI Number      Applied For  
**W. PALM BEACH, FL.**      **W. PALM BEACH, FL.**      **65-0928643**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33407**      **U.S.A.**      **33407**      **U.S.A.**            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TINNEY, STEVE D**  
**1169 LAKEPOINTE**  
**PLANTATION FL 33322**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TINNEY, STEVE D</b> <b>1169 LAKEPOINTE</b> <b>PLANTATION FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <b>ANGEN PAWAR</b> <b>5600 N. FLAGLER DR. #603</b> <b>W. PALM BEACH, FL. 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THANDI, MEENU H</b> <b>1169 LAKEPOINTE</b> <b>PLANTATION FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: Steve D. Tinney      4/17/00      561-271-8114  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**STEVE D. TINNEY, PRESIDENT**

CR2E034 (9/99)