

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064918

1. Entity Name

AMERICAN CANOPY, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90100 040 ***163.75

Principal Place of Business

Mailing Address

4705 NORTH LOIS AVENUE
SUITE B
TAMPA FL 33614

4705 NORTH LOIS AVENUE
SUITE B
TAMPA FL 33614-7046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3588710

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

PULS, JOHN L.

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

903 PINELLAS BAY WAY APT. 107

City

TIERRA VERDE

FL

Zip Code 33715

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

3-22-00

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 PD ☐ Delete
NAME PULS, JOHN L.
STREET ADDRESS 4705 NORTH LOIS AVENUE
CITY-ST-ZIP TAMPA FL 33614

TITLE P.D. ☒ Change ☐ Addition
NAME PULS, JOHN L.
STREET ADDRESS 903 PINELLAS BAY WAY UNIT #107
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE STD ☐ Delete
NAME GALLER, MEL
STREET ADDRESS 4705 NORTH LOIS AVENUE
CITY-ST-ZIP TAMPA FL 33614

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

3-22-00 727-866-0778

CR2E034 (9/99)