

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90064 049 ***150.00

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DOCUMENT # P99000086904

1. Entity Name

AMERICAN GOLD & TRUST CO.

Principal Place of Business

**341 N. MAITLAND AVE., STE. 340
 MAITLAND FL 32751**

Mailing Address

**341 N. MAITLAND AVE., STE. 340
 MAITLAND FL 32751**

2. Principal Place of Business

105 NW Ivanhoe Boulevard

Suite, Apt. #, etc.

3. Mailing Address

105 NW Ivanhoe Boulevard

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32804

Country

USA

Zip

32804

Country

USA

4. FEI Number

59-3603297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TATICH, PHILIP
 341 N. MAITLAND AVE., STE. 340
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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, 2001 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 **DPT** ☐ Delete
 NAME **STUART, ALLEN**
 STREET ADDRESS **105 NW IVANHOE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **V** ☐ Delete
 NAME **KRASYUK, IGOR**
 STREET ADDRESS **105 NW IVANHOE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **S** ☒ Delete
 NAME **ZVIDRINA, SANITA**
 STREET ADDRESS **105 NW IVANHOE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32803**

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
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.13.01 (407)4934117

CR2E034 (10/00)