

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109774

1. Entity Name

AMERITRUST, INC.

Principal Place of Business

1249 N. ORANGE AVENUE
ORLANDO FL 32804

Mailing Address

1249 N. ORANGE AVENUE
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

* City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3614880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRETT, JOHN E
1249 N. ORANGE AVENUE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name Armstrong, Janice

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

1249 N ORANGE AVE

City ORLANDO

FL

Zip Code 32804

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

04/23/01

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 PSTD ☐ Delete
NAME PARRETT, JOHN E
STREET ADDRESS 1249 N. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32804

TITLE V ☐ Delete
NAME BROWN, MARK
STREET ADDRESS 1249 N. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32804

TITLE V ☒ Delete
NAME MULLVAN, D S
STREET ADDRESS 1249 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32804

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 P ☒ Change ☐ Addition
NAME PARRETT, JOHN E
STREET ADDRESS
CITY-ST-ZIP

TITLE PSTD ☒ 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 #

04/23/01 407 422 1000

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90396 046 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)