

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90153 038 ***150.00

045781 AV

DOCUMENT # S56251

1. Entity Name
AMERI-PLUS MANAGEMENT SERVICES, INC.

Principal Place of Business 2536 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER FL 33763	Mailing Address 2536 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER FL 33763
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3084560

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

**SHATANOFF, ROBERT H
 2536 COUNTRYSIDE BLVD
 SIXTH FLOOR
 CLEARWATER FL 33763**

Name **North, Heather L**
 Street Address (P.O. Box Number is Not Acceptable)
**2536 Countryside Blvd,
 Sixth Floor
 Clearwater
 City FL 33763**
 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 *Robert H. Shatanoff* *Heather L. North 4.15.02*
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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	HAIGH, HERBERT	2536 COUNTRYSIDE BLVD	CLEARWATER FL 33763				

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: *Herbert Haigh* **Herbert Haigh** *4.15.02* (727)726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)