

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S70241

FILED
Feb 25, 2003
Secretary of State

Entity Name: AMERIVEST OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1689 HIATUS RD
SUITE 192
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

1689 HIATUS RD
SUITE 192
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0275489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLVIN, GRANT
1689 N HIATUS RD
SUITE 192
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: COLVIN, GRANT
Address: 1689 N HIATUS RD #192
City-St-Zip: PEMBROKE PINES, FL

Title: VP () Delete
Name: LINCOLN, PATRICIA ANN
Address: 1689 N HIATUS RD #192
City-St-Zip: PEMBROKE PINES, FL

Title: ST () Delete
Name: KENNEDY, MARGOT P
Address: 1689 N HIATUS RD #192
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRANT COLVIN

PD

02/25/2003

Electronic Signature of Signing Officer or Director

Date