2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 08:00 AM
Secretary of State

DOCUMENT # **V23814**

1. Entity Name
AMERICAN HOME COMPANIONS, INC.

Principal Place of Business		Mailing Address	
1014 EDGEWATER COURT		PO BOX 547062	
ORLANDO	FL	ORLANDO	FL
32804		32854062	US

2. Principal Place of Business		3. Mailing Address	
4713 HIGH OAK COURT		4630 S KIRKMAN ROAD - #147	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO	FL	City & State: ORLANDO	FL
Zip: 32819	Country:	Zip: 33811	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3130332** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, DONALD A.
1014 EDGEWATER CT
ORLANDO FL
32804 US

7. Name and Address of New Registered Agent

Name: REYNOLDS, DONALD A.
Street Address (P.O. Box Number is Not Acceptable): 4713 HIGH OAK COURT
City: ORLANDO **FL** Zip Code: 32819

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 ______________________ 03/14/2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	REYNOLDS, DONALD A.		NAME	REYNOLDS DONALD APRES	
STREET ADDRESS	1014 EDGEWATER COURT		STREET ADDRESS	4713 HIGH OAK COURT	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: Donald A Reynolds Pres 03/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #