

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90007 043 \*\*\*550.00

**DOCUMENT # V32385**

1. Entity Name

AMERICAN BROKERAGE NETWORK, INC.

Principal Place of Business

2431 ESTANCIA BLVD  
 #A2  
 CLEARWATER FL 34621  
 US

Mailing Address

2431 ESTANCIA BLVD  
 #A2  
 CLEARWATER FL 34621  
 US

2. Principal Place of Business

5609 U.S. 19

3. Mailing Address

5609 U.S. 19

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

New Port Richey - FL

City & State

New Port Richey - FL

Zip

34652

Country

PA500

Zip

34652

Country

PA500

6. Name and Address of Current Registered Agent

POTTS, JOHN E  
 1500 MAHOGANY LANE  
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name: POTTS, John E.  
 Street Address (P.O. Box Number is Not Acceptable): 4055 Marine Parkway  
 City: New Port Richey FL Zip Code: 34652

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 9-11-01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	POTTS, JOHN E	
STREET ADDRESS	26133 US 19 NORTH, #410	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	POTTS, PAMELA A	
STREET ADDRESS	26133 US 19 NORTH, #410	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POTTS, MICHAEL B	
STREET ADDRESS	416 PINWOOD DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5609 U.S. 19 - Suite G
CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5609 U.S. 19 - Suite G
CITY-ST-ZIP	New Port Richey - FL 34652
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: POTTS, John E. Potts pres 9-11-01 727-797-6637

Date Daytime Phone #

CR2E034 (5/01)