

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90769 001 ***150.00

DOCUMENT # V34611

1. Entity Name
AMERICAN INTERNATIONAL DEVELOPMENT COUNCIL INC.



Principal Place of Business
**24081 TREASUR ISLAND BLVD
PUNTA GORDA FL 33955
US**

Mailing Address
**24081 TREASUR ISLAND BLVD
PUNTA GORDA FL 33955
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0350105**

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

**AMERIE, ERNEST R
24081 TREASURE ISLAND BLVD
PUNTA GORDA FL 33955**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	AMERIE, NELLIE E	
STREET ADDRESS	24081 TREASURE ISLAND BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMERIE, ERNEST R	
STREET ADDRESS	24081 TREASURE ISLAND BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. Amerie BURNELEY AMERIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03 07 03
Daytime Phone #: 941 505 9694

AV
CR2E034 (10/02)