

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90158 034 ***150.00

DOCUMENT # V41856

1. Entity Name

Ameri-Life & Health Services of Raleigh, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2536 Countryside Blvd

3. Mailing Address
2536 Countryside Blvd

Suite, Apt. #, etc.
Sixth Floor

Suite, Apt. #, etc.
Sixth Floor

City & State
Clearwater FL

City & State
Clearwater FL

Zip
33763

Country
USA

Zip
33763

Country
USA

4. FEI Number
59-3143401

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
North, Heather L

Street Address (P.O. Box Number is Not Acceptable)
2536 Countryside Blvd

Sixth Floor

City
Clearwater

FL

Zip Code
33763

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.

Heather L. North

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
Sienkiewicz, Michael
2536 Countryside Blvd 6th Floor
Clearwater FL 33763

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sienkiewicz

Date

Daytime Phone #

CR2E034B (12/01)