## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L45856

Entity Name: AMERIPLUS, INC.

FILED
Jan 30, 2013
Secretary of State
CC7978489844

# **Current Principal Place of Business:**

535 S. HERCULES AVE.

STE. 201

CLEARWATER, FL 33764

# **Current Mailing Address:**

535 S. HERCULES AVE.

STE, 201

CLEARWATER, FL 33764 US

FEI Number: 59-2986848 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SOROTA, JOSEPH JJR 29750 US HWY 19 NORTH STE. 200 CLEARWATER, FL 33761 US

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

#### Officer/Director Detail:

Title DP Title D

NamePOIRIER, STEVENamePARKER, WILLIAM MAddress526 PONCE DE LEON BLVD.Address710 EASTLAKE DR.City-State-Zip:CLEARWATER FL 33756City-State-Zip: TARPON SPRINGS FL

Title ST Title ST

Name POIRIER, HAVEN L Name POIRIER, HAVEN L

Address 526 PONCE DE LEON BLVD Address 526 PONCE DE LEON BLVD

City-State-Zip: CLEARWATER FL 33756 City-State-Zip: CLEARWATER FL 33756

I hereby 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 all other like empowered.

SIGNATURE: STEVEN W. POIRIER

**PRESIDENT** 

01/30/2013