

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90008 046 ***150.00

DOCUMENT # K18010

1. Entity Name
A.M.P.S. INC.

Principal Place of Business **2348 ARRIVISTE WAY**
~~4750 FLORENTINA CT~~
 PENSACOLA FL 32504

Mailing Address
~~4750 FLORENTINA CT~~ **2348 ARRIVISTE WAY**
 PENSACOLA FL 32504

2. Principal Place of Business
2348 ARRIVISTE WAY

3. Mailing Address
2348 ARRIVISTE WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **PENSACOLA, FL** City & State **PENSACOLA, FL** 4. FEI Number **59-2873129** Applied For Not Applicable

Zip **32504** Country **FLORIDA** Zip **32504** Country **FLORIDA** 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MICELI, ANTHONY
~~4750 FLORENTINA CT~~ **2348 ARRIVISTE WAY**
 PENSACOLA FL 32504

7. Name and Address of New Registered Agent
 Name **MICELI, ANTHONY**
 Street Address (P.O. Box Number is Not Acceptable) **2348 ARRIVISTE WAY**
 City **PENSACOLA** FL Zip Code **32504**

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 **ANTHONY MICELI PRES.** *Anthony Miceli* **2/4/2000**
 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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MICELI, ANTHONY 4750 FLORENTINA CT PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICELI, ANTHONY 2348 ARRIVISTE WAY PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICELI, SAMUEL DAVID 4750 FLORENTINA CT PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICELI, SAMUEL DAVID 4748 THOROUGHBRID DR MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICELI, KEVIN LEE 4750 FLORENTINA CT. PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICELI, KEVIN LEE 2348 ARRIVISTE WAY PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X *Anthony Miceli* **Feb 4, 2000** 850 434-9692
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #