

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99/8867**
1. Entity Name
AMATO management, LLC

Principal Place of Business Mailing Address
The medicine Shoppe **SAME**
938 PATRICIA AVE.
Dunedin, FL 34698

2. Principal Place of Business 3. Mailing Address
938 PATRICIA AVE **938 PATRICIA AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

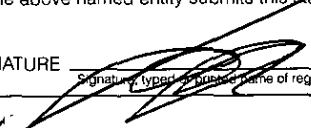
City & State City & State
Dunedin, FL **Dunedin, FL**
Zip Country Zip Country
34698 USA **34698 USA**

4. FEI Number Applied For
59-361-5803 Not Applicable
5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Stephen J. Amato
651 Sedgewick Way
Palm Harbor, FL 34683

7. Name and Address of New Registered Agent
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.
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **5-17-00**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE manager	<input type="checkbox"/> Delete
NAME Stephen Amato	
STREET ADDRESS 651 Sedgewick Way	
CITY-ST-ZIP Palm Harbor FL 34683	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-06/13/00--01086--005
*******50.00** Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **5-17-00** Daytime Phone #

CF 083 (1/00)