

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90397 041 \*\*\*150.00

**DOCUMENT # P94000041377**

1. Entity Name  
**A. M. F. ENTERPRISES, INC.**

Principal Place of Business  
**916 NORFOLK CT  
 LONGWOOD FL 32750**

Mailing Address  
**916 NORFOLK CT  
 LONGWOOD FL 32750**

**C0056510**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**16100 PLANTATION**

3. Mailing Address  
**LKS. CIRCLE**

Suite, Apt. #, etc.  
 Suite Apt. #, etc.  
**16306**

City & State  
**SANFORD, FL**

City & State

4. FEI Number **59-3247191**

Applied For  
 Not Applicable

Zip  
**32771**

Country  
**SEMINOLE COUNTY**

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**

**FLYNN, DONALD E  
 916 NORFOLK CT  
 LONGWOOD FL 32750**

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 *Donald E. Flynn* **CC** 4/21/01  
Signature, typed or printed name of registered agent and title 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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 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	<input type="checkbox"/> Delete
	<b>D FLYNN, DONALD E</b>	<b>916 NORFOLK CT</b>	<b>LONGWOOD FL 32750</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>16100 PLANTATION LKS CIR</b>	<b>SANFORD, FL 32771</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Donald E. Flynn* **DONALD E. FLYNN** 4/21/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**407 324-7060**

CR2E034 (10/00)