

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90018 013 ***150.00

DOCUMENT # P98000103329

1. Entity Name

AMF FINANCIAL SERVICES, INC.

Principal Place of Business

**4051 MADISON STREET STE 4
 NEW PORT RICHEY FL 34652**

Mailing Address

**4051 MADISON STREET STE 4
 NEW PORT RICHEY FL 34652-6051**

001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9033 EASTHAVEN CT.

Suite, Apt. #, etc.

3. Mailing Address

9033 EASTHAVEN CT.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

NEW PORT RICHEY

4. FEI Number

59-3545713

Applied For

Not Applicable

Zip

34655

Country

USA

Zip

34655

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARINA, ANTHONY M
 4051 MADISON STREET STE 4
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **ANTHONY M. FARINA**
 Street Address (P.O. Box Number is Not Acceptable)

9033 EASTHAVEN CT.
 City **NEW PORT RICHEY FL** Zip Code **34655**

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 M. FARINA, PRESIDENT** *Anthony M. Farina* 1-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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, 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

TITLE	PRESIDENT/V/T/S	<input type="checkbox"/> Delete
NAME	ANTHONY M. FARINA	
STREET ADDRESS	9033 EASTHAVEN CT.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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: **ANTHONY M. FARINA, PRESIDENT** *Anthony M. Farina* 1/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (727) 375-5588