

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-25-2000 90062 004 ***150.00

DOCUMENT # P99000018977
 1. Entity Name
AMORE JEWELERS, INC.

Principal Place of Business: **SAN JOSE BLVD. SUITE 12 JACKSONVILLE FL 32223**
 Mailing Address: **11436 SCOTT MILL ROAD JACKSONVILLE FL 32223-1344**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **11362-12 San Jose Blvd. Suite 12 Jacksonville, FL 32223 USA**
 3. Mailing Address: **11362-12 San Jose Blvd. Suite 12 Jacksonville, FL 32223 USA**

4. FEI Number: **59-3559718** Applied For: Not Applied For:
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BAKER, ELIZABETH J
11436 SCOTT MILL ROAD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
11362-12 San Jose Blvd.
 City: **Jacksonville** State: **FL** Zip Code: **32223**

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: *Elizabeth J. Baker* (NOTE: Registered Agent signature required when reinstating)
 DATE: 1-18-2000

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | BAKER, ELIZABETH J | NAME | |
| STREET ADDRESS | 11436 SCOTT MILL ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | BAKER, OZROW J | NAME | |
| STREET ADDRESS | 11436 SCOTT MILL ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Elizabeth J. Baker* **Elizabeth J. Baker** 1-18-00 904-268-6877
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #