

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90161 002 ***150.00

DOCUMENT # P99000037907

1. Entity Name

FAME DEVICES, INC.

Principal Place of Business

Mailing Address

**16011 GLEN HAVEN DR.
 TAMPA FL 33618**

**16011 GLEN HAVEN DR.
 TAMPA FL 33618-1650**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3574309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMUSO, PHILIP T
 16011 GLEN HAVEN DR.
 TAMPA FL 33618**

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

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.
 (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
NAME	AMUSO, PHILIP T	
STREET ADDRESS	16011 GLEN HAVEN DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDSELJUS, BIRGER	
STREET ADDRESS	BANGARDSGATAN 1B	
CITY-ST-ZIP	S 75 230 UPPSALA, SWEDEN	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKEL, JACK W	
STREET ADDRESS	730-126TH AVE.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLINEAUX, LEE	
STREET ADDRESS	5567 SEA FOREST DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-3222	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Philip T. Amuso* **Philip T. Amuso** **3/27/00** **813-966-1781**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP2004 (9/99)