

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90014 037 ***158.75

DOCUMENT # P93000000940

1. Entity Name

AMFICO INDUSTRIES, INC.**A0018614**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**135 MINGO TRAIL
SUITE 246
LONGWOOD FL 32750****P.O. BOX 520218
LONGWOOD FL 32752-0218**

2. Principal Place of Business

3. Mailing Address

100 Highline Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

4. FEI Number

59-3156557Applied For
Not Applicable

Zip

Country

32750

Zip

Country

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

**HALL, TERRY
135 MINGO TRAIL
SUITE 246
LONGWOOD FL 32750**

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Highline Drive

City

Longwood**FL**

Zip Code

32750

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
HALL, TERRY D
135 MINGO TR., #246
LONGWOOD FL 32750** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MOORE, WAYNE J
135 MINGO TR., #246
LONGWOOD FL 32750** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00 (407) 331-5566