

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01728

1. Entity Name  
AMFEL, INC.

Principal Place of Business  
10150 BELLE RIVE BLVD.  
SUITE 2302  
JACKSONVILLE FL 32256  
US

Mailing Address  
P.O. BOX 54141  
JACKSONVILLE FL 32245-4141  
US

2. Principal Place of Business  
7595 Baymeadows Cr. W.  
Suite, Apt. #, etc.  
Apt. #2414

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Jacksonville, Florida

City & State

4. FEI Number 59-2399535

Applied For  
Not Applicable

Zip Country  
32256 USA

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

E. F. PHILLIPS  
10150 BELLE RIVE BLVD.  
SUITE 2302  
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)  
7595 Baymeadows Cr. W. - Apt. #2414

City Jacksonville, FL Zip Code 32256

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 \_\_\_\_\_ April 23, 2001  
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, 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 PD ☐ Delete  
NAME PHILLIPS, E. FENNEL  
STREET ADDRESS 10150 BELLE RIVE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 7595 Baymeadows Cr. W., Apt. #2414  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME PHILLIPS, ELAINE  
STREET ADDRESS 10150 BELLE RIVE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 7595 Baymeadows Cr. W., Apt. #2414  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME HUNTER, PAMELA  
STREET ADDRESS 7556 AUTUMN PARK DRIVE  
CITY-ST-ZIP ROANOKE VA 24018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HUNTER, GREGORY  
STREET ADDRESS 7556 AUUTMN PARK DRIVE  
CITY-ST-ZIP ROANOKE VA 24018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *E. Fennell Phillips* E. Fennell Phillips, Pres. April 23, 2001 (904) 419-0327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)