

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075123

1. Entity Name.

AMOROSE & ASSOCIATES REALTY, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91170 011 \*\*\*150.00

Principal Place of Business

Mailing Address

1769 LAKEVIEW RD.  
 CLEARWATER FL 33756

1769 LAKEVIEW RD.  
 CLEARWATER FL 33756

111010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1583 S. Belcher Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33756

Pinellas

4. FEI Number

59-3665576

Applic For

Not Applicable

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

AMOROSE, CAROL D  
 1769 LAKEVIEW RD.  
 CLEARWATER FL 33756

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

*Carol D Amorose*

5-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

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**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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 ☐ Delete  
 NAME D  
 STREET ADDRESS AMOROSE, CAROL D  
 CITY-ST-ZIP 1769 LAKEVIEW RD.  
 CLEARWATER FL 33756

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 no 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:

*Carol D Amorose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

727-441-3974

Daytime Phone #

CR2E034 (10/00)