

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90354 018 ***150.00

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DOCUMENT # P35107

1. Entity Name
AMELIA CAPITAL CORP.



Principal Place of Business
**277 ROYAL POINCIANA WAY
SUITE 135
PALM BEACH FL 33480**

Mailing Address
**277 ROYAL POINCIANA WAY
SUITE 135
PALM BEACH FL 33480**



2. Principal Place of Business

3. Mailing Address
3473 Satellite Blvd.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 211

City & State

City & State
Duluth, GA 30096

4. FEI Number **58-1943970**

Applied For
Not Applicable

Zip

Country

Zip
30096

Country
USA

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

**GEIGER, ALLAN T
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPS** ☐ Delete
NAME **WILLIAMS, ARTHUR L, III**
STREET ADDRESS **825 FAIRWAY DR**
CITY-ST-ZIP **MONROE GA 30655**

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

TITLE **VAS** ☐ Delete
NAME **KELLY, JAMES E**
STREET ADDRESS **BOWMAN ROAD, AMELIA VILLAGE**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE **V** ☒ Change ☐ Addition
NAME **Kelly, James E.**
STREET ADDRESS **1658 Temple Johnson Road**
CITY-ST-ZIP **Loganville, GA 30052**

TITLE **AS** ☐ Delete
NAME **CRIM, GLOICE Y**
STREET ADDRESS **211 ST MARTIN DR**
CITY-ST-ZIP **SUWANEE GA 30024**

TITLE **AS** ☒ Change ☐ Addition
NAME **Crim, Gloice Y.**
STREET ADDRESS **2277 Emmett Doster Road**
CITY-ST-ZIP **Monroe, GA 30656**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

770-813-0090

Daytime Phone #

CR2E034 (10/02)