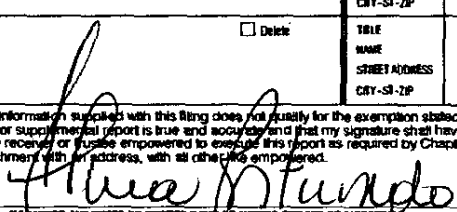


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 024 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104447			
1. Entity Name AMP SERVICES, INC.			
Principal Place of Business 2253 ARBOUR WALK CIR #516 NAPLES, FL 34109		Mailing Address 2253 ARBOUR WALK CIR #516 NAPLES, FL 34109	
2. Principal Place of Business 2912 KINGS LAKE BLVD		3. Mailing Address 2912 KINGS LAKE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES		City & State NAPLES, FL	
Zip 34112		Zip 34112	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-3757388		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTUONDO, ALINA 2253 ARBOUR WALK CIR #516 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name ALINA PRIO PORTUONDO Street Address (P.O. Box Number is Not Acceptable) 2912 KINGS LAKE BLVD City NAPLES FL Zip Code 34112	
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 _____ DATE _____ Signature, by the principal named or registered agent, and date if applicable. (NOTE: Registered Agent signature required after establishment)			
		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 D NAME PORTUONDO, ALINA STREET ADDRESS 2253 ARBOUR WALK CIR #516 CITY-ST-ZIP NAPLES, FL 34109		TITLE D NAME ALIDA PRIO PORTUONDO STREET ADDRESS 2912 KINGS LAKE BLVD CITY-ST-ZIP NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 807, 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: 		4/28/03 239-273-6520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CPRE034 (10/02)