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)

80106027

DOCUMENT # P01000104447

1. Entity Name
AMP SERVICES, INC.

Principal Place of Business	Mailing Address
2253 ARBOUR WALK CIR #516 NAPLES, FL 34109	2253 ARBOUR WALK CIR #516 NAPLES, FL 34109

2. Principal Place of Business	3. Mailing Address
2912 KINGS LAKE BLVD	2912 KINGS LAKE BLVD
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: NAPLES	City & State: NAPLES, FL.
Zip: 34112 Country: U.S.A.	Zip: 34112 Country: USA.

☒ CHECK HERE IF MAKING CHANGES

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 ______________________________
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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	PORTUONDO, ALINA	NAME	ALINA PRIO PORTUONDO
STREET ADDRESS	2253 ARBOUR WALK CIR #516	STREET ADDRESS	2912 KINGS LAKE BLVD.
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	NAPLES, FL. 34112
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Alina Portuondo 4/28/03 239-273-6520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #