## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # 363154** AMERICAN MICRO TECH, INC. 04-12-2000 90155 002 \*\*\*150.00 Principal Place of Business Mailing Address 8997 131ST PLACE NORTH 8997 131ST PLACE NORTH LARGO FL 34643 LARGO FL 33773-1411 2. Principal Place of Business 3. Mailing Address 7249 Ulmerton Rd 7249 Ulmecton Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1301187 aran Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired PINELLAS Fee Required PINELLAS 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent ROSENBERRY, EDGAR J. Street Address (P.O. Box Number is Not Acceptable) 8997 131ST PLACE NORTH **LARGO FL 34643** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** Change Addition TITI F Delete TITLE ROSENBERRY, EDGAR J NAME NAME STREET ADDRESS 8997 131ST PLACE N STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP D Change Addition ☐ Delete TITLE TITLE Kelley, Jim 7249 Ulmerton Rd. ROSENBERRY, ROBERT L NAME NAME 720 WALNUT BOTTOM RD STREET ADDRESS STREET ADDRESS argo, FL 33771 CITY-ST-7IP SHIPPENSBURG PA CITY-ST-ZIP Addition HILE Delete ==== -TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 i3. 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 addresse, with all other like empowered.