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2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am **DOCUMENT # 363154 Secretary of State** AMERICAN MICRO TECH, INC. 01-25-2001 90235 004 ***150.00 Mailing Address Principal Place of Business 7249 ULMERTON RD 7249 ULMERTON RD LARGO FL 33771 LARGO FL 33771 V V J V 4 A 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1301187 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSENBERRY, EDGAR J. Street Address (P.O. Box Number is Not Acceptable) 8997 131ST PLACE NORTH LARGO FL 33773 City 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 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 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, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ROSENBERRY, EDGAR J NAME NAME 8997 131ST PLACE N STREET ADDRESS STREET ADDRESS **LARGO FL 33771** CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROSENBERRY, ROBERT L NAME NAME 720 WALNUT BOTTOM RD STREET ADDRESS STREET ADDRESS SHIPPENSBURG PA CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change KELLEY JIM NAME NAME 7249 ULMERTON RD STREET ADDRESS STREET ADDRESS LARGO FL 33771 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

lafess, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with a a

SIGNATURE: