

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90620 034 ***150.00

DOCUMENT # 526352

1. Entity Name
AMJ, INC. OF GAINESVILLE

Principal Place of Business

**502 NW 16TH AVENUE
 GAINESVILLE FL 32601
 US**

Mailing Address

**502 NW 16TH AVENUE
 GAINESVILLE FL 32601
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1724664**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WARREN, MICHAEL E
 502 NW 16TH AVENUE
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	WARREN, PHYLLIS P.	
STREET ADDRESS	502 NW 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARREN, MICHAEL E.	
STREET ADDRESS	502 NW 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARREN, NATHAN C.	
STREET ADDRESS	2629 BLUE SAGE AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROMANS, RICHARD	
STREET ADDRESS	7525 NW 38TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUCHANAN, SCOTT	
STREET ADDRESS	3744 SW 56TH RD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S & V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP N. KABLER	
STREET ADDRESS	3011 N.W. 25TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Warren* 3/26/02 352-374-4600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)