

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 550721

1. Entity Name

SIR AMIC SUPPLIES, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90016 021 \*\*\*150.00

Principal Place of Business

Mailing Address

3181 SE DOMINICA TERRACE  
STUART FL 34997

3181 SE DOMINICA TERRACE  
STUART FL 34997-5719

2. Principal Place of Business

3. Mailing Address

P O Box 313

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
PORT SALERNO, FL.

4. FEI Number 59-1785846

Applied For

Not Applicable

Zip

Country

Zip

Country

34992

MARTIN

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ELEANOR  
4276 S.E. RAINBOWS END  
STUART FL 34997

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	DAVIS, ELEANOR	4236 SE RAINBOWS END	STUART FL				
SD	GALBREATH, WILMA	4276 SE RAINBOWS END	STUART FL				
VD	MANCHESTER, ELEANO	12605 KRISTY CIRCLE	RALEIGH NC 27613				

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: ELEANOR DAVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

561-287-2681

Daytime Phone #