

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90166 041 ***150.00

MAJOR AV

DOCUMENT # 564762

1. Entity Name
AMLEA (FLORIDA) INC.



Principal Place of Business
102 NOCOSSA CIR
P O BOX 1273
JUPITER FL 33468-8273

Mailing Address
102 NOCOSSA CIR
P O BOX 1273
JUPITER FL 33468-8273

2. Principal Place of Business

3. Mailing Address

102 NOCOSSA CIR
Suite, Apt. #, etc.

102 NOCOSSA CIR
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JUPITER FL

City & State
JUPITER, FL

4. FEI Number **59-1791739**

Applied For
Not Applicable

Zip
33458

Country

Zip
33458

Country

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

LETSCH, EILEEN F
102 NOCOSSA CR
JUPITER FL 33458

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	AS KERWIN, EDWARD P 102 NOCOSSA CR JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS CANTY, ARLENE 102 NOCOSSA CIR JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LETSCH, EILEEN F. 102 NOCOSSA CIRCLE JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, GORDON C. 102 NOCOSSA CIRCLE JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

Daytime Phone #

CR2E034 (10/02)