

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90060 045 ***150.00

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1. Entity Name

AMHERST MAINTENANCE, INC.



Principal Place of Business

4242 RIDGE LEA ROAD
AMHERST NY 14226

Mailing Address

P.O. BOX 99
DUNEDIN FL 34697

2. Principal Place of Business

3. Mailing Address

3469 Merlin Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Zip

Country

Zip

FL 33761

Country

U.S.

4. FEI Number

16-1342713

Applied For

Not Applicable

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

LYGNOS, MICHAEL N
115 SOUTH NEWPORT AVE.
TAMPA FL 33606

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, 2005 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 BOUBARIS, NICHOLAS M ☐ Delete
STREET ADDRESS P.O. BOX 99
CITY-ST-ZIP DUNEDIN FL 34697

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VCT ☐ Delete
STREET ADDRESS STEINIG, MARIA
CITY-ST-ZIP 120 DEAR RUN
WILLIAMSVILLE NY 14221

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME DS ☐ Delete
STREET ADDRESS GIANIODIS, JEFF
CITY-ST-ZIP 5473 SOUTH ABBOTT ROAD
ORCHARD PARK NY 14127

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-05

727-243-6741