

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90167 036 \*\*\*150.00

**DOCUMENT # F96000005442**



**1. Entity Name**  
**AMMEST REALTY CORPORATION**

**Principal Place of Business**  
**4333 EDGEWOOD ROAD N.E.**  
**CEDAR RAPIDS IA 52499-5555**

**Mailing Address**  
**4333 EDGEWOOD ROAD N.E.**  
**CEDAR RAPIDS IA 52499-5555**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 74-2135472**

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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP/S	<input type="checkbox"/> Delete
NAME	FELTMAN, DAVID	
STREET ADDRESS	4333 EDGEWOOD RD NE	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, ALAN F	
STREET ADDRESS	4333 EDGEWOOD ROAD N E	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499-5555	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, DAVID	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499	
TITLE	AT	<input type="checkbox"/> Delete
NAME	VAN GORP, GREGORY	
STREET ADDRESS	4333 EDGEWOOD ROAD N E	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499-5555	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLETCHER, ALAN F	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA 52499	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	HICKS, MARSHA	
STREET ADDRESS	400 W MARKET STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

**Alan F Fletcher, Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/08/2003 (319) 398-8645**

Date

Daytime Phone #

CR2E034 (10/02)