

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G06308

1. Entity Name
ALMAGAMATED ENTERPRISES, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90016 049 ***150.00

Principal Place of Business
6775 102ND AVENUE. N.
L-24
PINELLAS PARK FL 33782
US

Mailing Address
6775 102ND AVENUE. N.
L-24
PINELLAS PARK FL 33782
US

2. Principal Place of Business
6925 48th Ave. N.
Suite, Apt. #, etc.

3. Mailing Address
6925 48th Ave. N.
Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number 59-2257012

Applied For
Not Applicable

Zip Country
33709 US

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

PAYNE, ROBERT W
6925 48TH AVENUE NORTH
ST. PETERSBURG FL 33709

Name
Robert T. Payne
Street Address (P.O. Box Number is Not Acceptable)
6925 48th Ave. N.
City
St. Petersburg FL Zip Code
33709

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP PAYNE, ROBERT W 6775 102ND AVENUE, N., L24 PINELLAS PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PAYNE, JO ELLEN 6775 102ND AVE., N. L24 PINELLAS PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAYNE, CELIA 6775 102ND AVE N #L24 PINELLAS PARK FL 33782 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert T. Payne 6925 48th Ave. N. St. Petersburg, FL 33709 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Celia Payne 6925 48th Ave. N. St. Petersburg, FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert T Payne Robert T Payne 3/13/01 727 544-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)