

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G54469**

1. Entity Name

F M AMELIA, INC.Principal Place of Business
**250 KING OF PRUSSIA RD
RADNOR PA 19087**Mailing Address
**250 KING OF PRUSSIA RD
RADNOR PA 19087**

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 **59-2316716**Applied For
Not Applicable5. 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

**CT CORPORATION SYSTEM
1200 S. 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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PTD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MULLIN, ARTHUR W	250 KING OF PRUSSIA RD.	RADNOR PA 19087							
	VD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TAYLOR, WILLIAM S	250 KING OF PRUSSIA RD.	RADNOR PA 19087							
	VD			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	KELICAN, JAMES W	250 KING OF PRUSSIA RD.	RADNOR PA 19087			VICE PRESIDENT & DIRECTOR			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						ROBERT R HARRIS	250 KING OF PRUSSIA ROAD	RADNOR PA 19087		
	S			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BIXLER, ROBERT	250 KING OF PRUSSIA RD.	RADNOR PA 19087							
	AS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TAMASITIS, MARGARET	250 KING OF PRUSSIA RD.	RADNOR PA 19087							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET M. TAMASITIS

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90068 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)