2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90352 009 ***150.00

DOCUMENT # H01728

1. Entity Name
AMFEL, INC.

Principal Place of Business	Mailing Address
10150 BELLE RIVE BLVD. SUITE 2302 JACKSONVILLE FL 32256 US	P.O. BOX 54141 JACKSONVILLE FL 32245-4141 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7595 Baymeadows Cr. W.	
Suite, Apt. #, etc.: Apt. #2414	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State
Zip: 32256 Country: USA	Zip Country

4. FEI Number 59-2399535 ☐ 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
E. F. PHILLIPS 10150 BELLE RIVE BLVD. SUITE 2302 JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable): 7595 Baymeadows Cr. W. - Apt. #2414 City: Jacksonville, **FL** Zip Code: 32256

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 _____ April 23, 2001
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	PD PHILLIPS, E. FENNELL 10150 BELLE RIVE BLVD. JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHILLIPS, ELAINE 10150 BELLE RIVE BLVD. JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7595 Baymeadows Cr. W., Apt. #2414	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUNTER, PAMELA 7556 AUTUMN PARK DRIVE ROANOKE VA 24018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7595 Baymeadows Cr. W., Apt. #2414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, GREGORY 7556 AUUTMN PARK DRIVE ROANOKE VA 24018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: E. Fennell Phillips, Pres. April 23, 2001 (904) 419-0327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #