

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53648

1. Entity Name

A.M. SALES & MARKETING, INC., SOUTHWEST, FLORIDA

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90082 050 ***150.00

Principal Place of Business

Mailing Address

8899 BRISTOL BEND
 FT MYERS FL 33908
 US

P.O. BOX 361
 SANIBEL ISLAND FL 33957-0361
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2765418

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ROMANO, MADELINE
 15590 IONA LAKES DR
 FT MYERS FL 33908

Name **ROMANO, MADELINE**
 Street Address (P.O. Box Number is Not Acceptable)
8899 BRISTOL BEND
 City **FT. MYERS** FL Zip Code **33908**

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 *Madeline Romano*

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, 2000 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 **P** ☐ Delete
 NAME **ROMANO, AMBROSE**
 STREET ADDRESS **8899 BRISTOL BEND**
 CITY-ST-ZIP **FT MYERS FL 33908**

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

TITLE **V** ☐ Delete
 NAME **ROMANO, MADELINE**
 STREET ADDRESS **8899 BRISTOL BEND**
 CITY-ST-ZIP **FT MYERS FL 33908**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *Ambrose Romano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12 2000 482-2822
 Date Daytime Phone #

CR2E034 (9/99)