

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13143

1. Entity Name

SAIL AMELIA, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90105 039 \*\*\*150.00

Principal Place of Business

497 EGANS CREEK LN  
FERNANDINA BEACH FL 32034  
US

Mailing Address

PO BOX 495  
FERNANDINA BEACH FL 34498-2435  
US

80007212

2. Principal Place of Business

59 50 PENINSULAR AVE.

Suite, Apt. #, etc.

3. Mailing Address

14 PALM DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key West, FLORIDA

City & State

YANKEETOWN, FLORIDA

4. FEI Number

59-2874273

Applied For

Not Applied For

Zip

33040

Country

USA

Zip

34498

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CLYDE W  
20 SOUTH FIFTH STREET  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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, 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

TITLE PDS  
NAME MELTON, JOHN R JR  
STREET ADDRESS 997 EGANS CREEK LN  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS  
NAME MELTON, John R. JR  
STREET ADDRESS 14 PALM DR.  
CITY-ST-ZIP YANKEETOWN, FL. 34498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:

*John R Melton Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R MELTON JR

1-20-00

Date

352447463

Daytime Phone #