

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L00000010117****1. Entity Name**  
AMMEX INTERNATIONAL, LLC

<b>Principal Place of Business</b> 5353 S. TAMiami TRAIL  SARASOTA FL 34231	<b>Mailing Address</b> 5353 S. TAMiami TRAIL  SARASOTA FL 34231
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<b>2. Principal Place of Business</b> 5353 S. TAMiami TRAIL	<b>3. Mailing Address</b> 5353 S. TAMiami TRAIL
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<b>Suite, Apt. #, etc.</b> SUITE M	<b>Suite, Apt. #, etc.</b> SUITE M
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<b>City &amp; State</b> SARASOTA FL	<b>City &amp; State</b> SARASOTA FL
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<b>Zip</b> 34231	<b>Country</b>	<b>Zip</b> 34231	<b>Country</b>
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<b>4. FEI Number</b> 65-1043645	<b>Applied For</b> <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE FL  
323012525 US**7. Name and Address of New Registered Agent****Name**  
MARTIN DEBRA C**Street Address (P.O. Box Number is Not Acceptable)**  
3761 COUNTRYSIDE RD.**City** SARASOTA **FL** **Zip Code** 34233**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** DEBRA C. MARTIN**DATE** 09/04/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> MARTIN DAVID J 3761 COUNTRYSIDE RD SARASOTA FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:** David J. Martin**Mgr****Date** 09/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)