05/26/2004 12:41 8138702500 SPIEGEL AND

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FILED
Aug 12, 2004 8:00 am
Secretary of State
06-02-2004 90342 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 03000013670

1. Entity Name
AMA ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8870 N. Himes #401
Suite, Apt. #, etc.
401
City & State
TAMPA, FL
Zip
33614
County
HILLSBOROUGH

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
County

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0514549
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
City: MIAMI FL Zip: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: MICHAEL A. SMITH STREET ADDRESS: 1085 4TH ST E CITY-ST-ZIP: TREASURE ISLAND, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E134B (12/02)

12. 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 10 or on an attachment with an X where indicated.

SIGNATURE: Michael A. Smith 5-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date