

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90135 002 ***150.00

DOCUMENT # L19866

1. Entity Name

AMOS & ASSOCIATES, INC.

Principal Place of Business

110 PORPOISE RD
 ST AUGUSTINE FL 32086
 US

Mailing Address

110 PORPOISE RD
 ST AUGUSTINE FL 32086-5720
 US

2. Principal Place of Business

222 HARBOUR DR.
 Suite, Apt. #, etc. **120**

3. Mailing Address

222 HARBOUR DR.
 Suite, Apt. #, etc. **120**

City & State
NAPLES, FL.

City & State
NAPLES FL.

4. FEI Number **65-0153521**

Applied For

Not Applicable

Zip

Country

34103

USA

Zip

Country

34103

USA

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

AMOS, WL
110 PORPOISE RD
ST AUGUSTINE FL 32086

NEW add.

Name

Street Address (P.O. Box Number is Not Acceptable)

AMOS, WL.

222 HARBOUR DR.

City

NAPLES,

FL

Zip Code

34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
 NAME **AMOS, LINDA B.**
 STREET ADDRESS **1201 DOCKSIDE PL**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P.S.** ☒ Change ☐ Addition
 NAME **222 HARBOUR DR. #120**
 STREET ADDRESS **NAPLES, FL. USA.**
 CITY-ST-ZIP

TITLE **Larry & Linda Amos** ☐ Delete
 NAME **222 Harbor Drive #102**
 STREET ADDRESS **Naples, FL 34103**
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

AMOS, WL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)