## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 09, 2001 8:00 am **DOCUMENT # L78909 Secretary of State** 1. Entity Name FLORIDA A.M.I., INC. 02-09-2001 90239 003 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 9128 P O BOX 9128 DAYTONA BEACH FL 32120 DAYTONA BEACH FL 32120 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3012749 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, LAMAR Street Address (P.O. Box Number is Not Acceptable) 3042 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32124 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change TITLE Delete TITLE WILLIAMS, LAMAR NAME NAME STREET ADDRESS STREET ADDRESS 3042 W. INTERNATIONAL SPEEDWAY BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME WILLIAMS, GAILYN NAME STREET ADDRESS STREET ADDRESS 3042 W. INTERNATIONAL SPEEDWAY BLVD. CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME

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 required 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Lamar Williams, President

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

(904) 255-0295

☐ Change

☐ Addition