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

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	JMENT	# L9900(	0004297	:		•				
1. Entity Na.		c					UI APR I	6 PH 2	2: 30	
AMC ELECTRIC, L.C.					İ	OI APR 16 PM 2: 39 SECRETARY OF STATE TABLEAHASSEE, FEORIDA				
	·						TALLAHAS	SFF FE	TATE	
Principal Pia	ce of Business		Mailing Address			•		- C. C. J. (C.)	JKIUA	
			1513 SOUTH KIMBREL A	VENUE						
FARAMA OU	1 FE 32404		PANAMA CITY FL 32404							
2. Principal I	Place of Busine	ess	3-Mailing Address	IBBIA				<b>     </b>		(B)() ( <b>53</b> ) ( <b>53</b> )
Suite, Apt. #, etc.			PO Box 18818  Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SE	DACE	
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City & Sta	ite		Sity & State	In Roach	4	. FEI Number	59-3587815			oplied For
Zip		Country	Yanama U	Country Country				/ 0	5.00 Ad	ot Applicable
·			32417	USA	5	. Certificate o	f Status Desired	<b>19</b> F	ee Require	oitionai ·
	6. Name i	and Address of Current R	egistered Agent	Name	7	Name and A	ddress of New Re	egistered Ag	gent	
CAMPISI,	ROBERT									
	UTH KIMBRE	l avenue		Street	Address (P.O	. Box Number	is Not Acceptable)			
PANAMA	CITY FL 324	04								
									Zio Cod	е
				City				FI	Zip Cod	
8 The above	named Atity	Submits this statement for i	the numbers of changing its		r raciotava d		in the Ctate of Fig.	FL	Zip Coo	-
8. The above	e named entity	submits this statement for the	the purpose of changing its		r registered a	gent, or both,	in the State of Flor		2000	- !
8. The above	_Lot	rest Milan	pur K	registered office of	M. [	ampis	in the State of Flor		Z00/	· · · · · · · · · · · · · · · · · · ·
	_Lot	submits this statement or received name of registered agent and	pur K		M. [	AMPIS reinstation	j L	ida. /_ 1/ -	200/	· · · · · · · · · · · · · · · · · · ·
	_Lot	rest Milan	d Ne if applicable. (NO)	registered office of the control of	Ure required with	AMPIS reinstation 51	000041 -04/24	ida. /_ //- DATE D65: /0101	<i>[200]</i>	/ O
	_Lot	rest Milan	d Ne if applicable. (NO)	registered office of	Ure required with	AMPIS reinstation 51	j 9	ida. /_ //- DATE D65: /0101	<i>- [00]</i> 165	/ O
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SIGNATURE  9.  TITLE	Signature, typed or	printed name of registered agent and	d lite if applicable. (NOT	registered office of the property of the prope	Ure required with	AMPIS reinstation 51	00004 -04/24 *****	ida. /- //- DATE D65: /0101 55:00 CHANGES	<i>[200]</i>	/ O
SIGNATURE	Signature, typed or  MGRM CAMPISI, R	printed name of registered agent and	FILE N Make Check Pa	registered office of Obert E: Registered Agent signal OW!!! FEE IS sayable to Depar	Ure required with	AMPIS reinstation 51	00004 -04/24 *****	ida. /- //- DATE D65: /0101 55:00 CHANGES	200/ 165 1103 *****	/ ————————————————————————————————————
9. TITLE	Signature, typed or  MGRM CAMPISI, R 1513 SOUT	printed name of registered agent and  MANAGING MEMBER  OBERT	FILE N Make Check Pa	registered office of Obert E: Registered Agent sighal  OW!!! FEE IS : ayable to Depar  10.  TITLE NAME	Ure required with	AMPIS reinstation 51	00004 -04/24 *****	ida. /- //- DATE D65: /0101 55:00 CHANGES	200/ 165 1103 *****	/ ————————————————————————————————————
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