

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000029412

1. Entity Name
AMY'S SERVICING AND PROCESSING CORP.

Principal Place of Business
169 TEQUESTA DR., SUITE 23
TEQUESTA FL 33469

Mailing Address
169 TEQUESTA DR., SUITE 23
TEQUESTA FL 33469

2. Principal Place of Business
169 TEQUESTA DRIVE
Suite, Apt. #, etc.
23E

3. Mailing Address
169 TEQUESTA DRIVE
Suite, Apt. #, etc.
23E

City & State
TEQUESTA FL

City & State
TEQUESTA FL

Zip
33469

Zip
33469

4. FEI Number
65-1008573

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KING AMY
326 JUPITER LAKES BLVD., #2300A
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name
KING AMY L
Street Address (P.O. Box Number is Not Acceptable)
303 CIRCLE WEST
City
JUPITER FL Zip Code
33458

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 AMY L. KING

04/27/2001

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRES	KING AMY L	303 CIRCLE WEST	JUPITER FL 33458		

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: AMY L. KING

PRES 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)