

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90483 010 ***150.00

DOCUMENT # P00000073034

1. Entity Name
AMINGER CORPORATION

Principal Place of Business

4815 AUTUMN DR.
MILTON FL 32571-1155

Mailing Address

P O BOX 2263
SUITE 430
MILTON FL 32571-2263

2. Principal Place of Business

7813 NorthPointe Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2263

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

MILTON, FL

Zip

Country

32514-6538

USA

Zip

Country

32571-0463

USA

4. FEI Number

65-1033184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMINGER, WALTER
245 SE 1ST STREET
SUITE 430
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

AMINGER, WALTER (NOT CHANGED)

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

7813 NorthPointe Blvd.

City

PENSACOLA

FL

Zip Code

32514-6538

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, 2002 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 ☐ Delete
NAME **D AMINGER, WALTER**
STREET ADDRESS **4815 AUTUMN DR.**
CITY-ST-ZIP **MILTON FL 32571-1155**

TITLE ☐ Delete
NAME **D AMINGER, MARIA J**
STREET ADDRESS **4815 AUTUMN DR.**
CITY-ST-ZIP **MILTON FL 32571-1155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **7813 NorthPointe Blvd.**
CITY-ST-ZIP **PENSACOLA, FL 32514-6538**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **7813 NorthPointe Blvd.**
CITY-ST-ZIP **PENSACOLA, FL 32514-6538**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/02
 Date

(850) 969-0825
 Daytime Phone #

CR2E034 (9/01)