

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000037067

FILED
Apr 12, 2003
Secretary of State

Entity Name: AMI & ASSOCIATES INC.

Current Principal Place of Business:

247 NW ZANZIBAR PLACE
ST LUCIE WEST, FL 34986

New Principal Place of Business:

1000 S OCEAN BLVD 18M
POMPANO BEACH, FL 33062

Current Mailing Address:

247 NW ZANZIBAR PLACE
ST LUCIE WEST, FL 34986

New Mailing Address:

1000 S OCEAN BLVD 18M
POMPANO BEACH, FL 33062

FEI Number: 65-1094615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNONI, AUDREY
247 NW ZANZIBAR PLACE
ST LUCIE WEST, FL 34986

Name and Address of New Registered Agent:

MANNONI, AUDREY
1000 S OCEAN BLVD 18M
POMPANO BEACH, FL 33062

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: AUDREY MANNONI

04/12/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MANNONI, AUDREY
Address: 247 NW ZANZIBAR PLACE
City-St-Zip: ST LUCIE WEST, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MANNONI, AUDREY
Address: 1000 S OCEAN BLVD 18M
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY MANNONI

PRES

04/12/2003

Electronic Signature of Signing Officer or Director

Date