

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088856

1. Entity Name

AMA TRANSITIONS AND MARKETING, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90092 013 ***158.75

0133740 AT

Principal Place of Business

2435 US HIGHWAY 19
 SUITE 110
 HOLIDAY FL 34691

Mailing Address

3053 DOLE STREET
 HOLIDAY FL 34691

811300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2435 US HIGHWAY 19

3. Mailing Address

Suite, Apt. #, etc.

SUITE 220

Suite, Apt. #, etc.

City & State

HOLIDAY, FL

City & State

4. FEI Number

59-3736-023

Applied For

Not Applicable

Zip

34691

Country

PASCO

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, HEATHER L
 3053 DOLE STREET
 HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Heather L Brown, HEATHER L BROWN, PRESIDENT

9/11/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

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TITLE
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT (P)

☐ Change

☒ Addition

HEATHER L BROWN

3053 DOLE STREET, HOLIDAY, FL 34691

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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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 REQUIRED

09/11/02 727-945-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

871937

#P01000088856

September 10, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

To Whom It May Concern: - - -

Your report I received is the first notice I have received on this matter. I do not think it fair that I would have a penalty due to the fact I never received the first notice. After speaking with "Laura" at 10:00AM on Monday, September 9, 2002, she said that she felt that I only need to send the original fee of \$150.00 plus the 8.75 for documents.. Enclosed you will find all updated information forms and the \$158.75 fee. Please, let me know if there are any questions or further concerns regarding this matter.

Sincerely,

Heather Brown
AMA Transitions & Marketing