

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90188 002 ***150.00

DOCUMENT # P01000088856

1. Entity Name
AMA TRANSITIONS AND MARKETING, INC.



Principal Place of Business
**2435 US HIGHWAY 19
SUITE 220
HOLIDAY FL 34691**

Mailing Address
**3053 DOLE STREET
HOLIDAY FL 34691**

2. Principal Place of Business

3. Mailing Address

4615 FORT SHAW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3736023

Applied For

Not Applicable

Zip

Country

Zip

Country

34655

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, HEATHER L
3053 DOLE STREET
HOLIDAY FL 34691**

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

5/12/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROWN, HEATHER L
3053 DOLE STREET
HOLIDAY FL 34691** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROWN, HEATHER L
4615 FORT SHAW DRIVE
NEW PORT RICHEY, FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D (DIRECTOR)
BROWN, ANTHONY R
4615 FORT SHAW DRIVE
NEW PORT RICHEY, FL 34655** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03 (727) 945-0024

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90135949

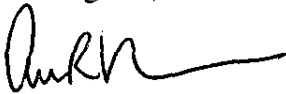
010000888 56

TO: Department of State
Division of Corporations

RE: 2003 UBR

For the corporation AMA Transitions and Marketing, Inc. with the FEI # 59-3736023, please find payment of \$150.00. I realize it is past the May 1 deadline. My new accountant told me to write and explain the situation along with the check. I have switched accounting firms and they said since it was caught in the shuffle that I may be free from the penalty if you saw fit and it is only a few days past. If you do not agree with this please let me know as soon as possible. Thank You.

Best Regards,



Tony Brown
AMA Transitions and Marketing, Inc.

check # 1924