

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-17-2003 90164 024 ***150.00

DOCUMENT # P02000009628

1. Entity Name
AMGARD, INC.



Principal Place of Business
**307 AIRPORT ROAD N
NAPLES FL 34104**

Mailing Address
**307 AIRPORT ROAD N
NAPLES FL 34104**

2. Principal Place of Business
3605 BOCA CIEGA DR

3. Mailing Address
3605 BOCA CIEGA DR

Suite, Apt. #, etc.
211

Suite, Apt. #, etc.
APT. 211

City & State
NAPLES / FLORIDA

City & State
NAPLES, FLORIDA

Zip
34112

Country
USA

Zip

Country

4. FEI Number
75-3011679

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**QUINN, JEFFREY C
307 AIRPORT ROAD N
NAPLES FL 34104**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
402 ST. ANDREWS BOULEVARD ☒ Delete
NAPLES, FL, 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☐ Delete
KAMI DARYAGARD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3605 BOCA CIEGA DR ☒ Change ☐ Addition
NAPLES, FL, 34112 **APT: 211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☐ Change ☐ Addition
KAMI DARYAGARD

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

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

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

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

02/15/2003

Date

239-285-5264

Daytime Phone #

KAMI DARYAGAR

CR2E034 (10/02)