

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 011 ***150.00

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DOCUMENT # **P02000014376**

1. Entity Name
AMDR ENTERPRISES INC.



Principal Place of Business
**600 NORTH THACKER AVENUE
SUITE B-11
KISSIMMEE FL 34741**

Mailing Address
**600 NORTH THACKER AVENUE
SUITE B-11
KISSIMMEE FL 34741**



2. Principal Place of Business
**X 4914 W Bronson Hwy
Suite, Apt. #, etc.
X 100**

3. Mailing Address
**X Po box 771597
Suite, Apt. #, etc.**

City & State
**X Kissimmee FL
Zip
X 34746
Country
X USA**

City & State
**X Orlando FL
Zip
X 32877
Country
USA**

4. FEI Number **75-2992302**
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

**MATAY, RON JR.
600 NORTH THACKER AVENUE
SUITE B-11
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **Reinhold Matay**
Street Address (P.O. Box Number is Not Acceptable)
3442 Amaca Cir
City **Orlando FL 32837**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/14/03**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Reinhold Matay 3442 Amaca Cir Orlando FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Darren 1021A 4914 W. Bronson Apt 100 Kissimmee FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAWN WEBB 344 3160 RUSK DR. KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-14-03**
DAYTIME PHONE # **(407) 709 8555**

CR2E034 (10/02)