

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90055 037 ***150.00

DOCUMENT # 702000063343

1. Entity Name

AMCATCH SERVICES, INC.



DO NOT WRITE IN THIS SPACE

80114914

2. Principal Place of Business

4927 CONCH LANE

3. Mailing Address

14421 NEWGATE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NIDLOTHIAN VA

4. FEI Number

04-3689328

Applied For

Not Applicable

Zip

34114

Country

Zip

23113

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEPHEN MCCORMICK

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

4927 CONCH LANE

City

NAPLES

FL

Zip Code
34114

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT LOUISE PUTNAM 3011 KENNEDY RD RICHMOND, VA 23225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEPHEN MCCORMICK 4927 CONCH LANE NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN MCCORMICK 475 FOX HILL DRIVE ROXBOROUGH 44202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without the company.

SIGNATURE:

Stephen McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4-30-03 X804-378-9970

Date

Daytime Phone #