

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90430 045 \*\*\*150.00

**DOCUMENT # P02000073762**

**1. Entity Name**  
**AMRON GROUP, INC.**



**Principal Place of Business**  
**1390 GULF BOULEVARD**  
**SUITE 704**  
**CLEARWATER FL 33767**

**Mailing Address**  
**1390 GULF BOULEVARD**  
**SUITE 704**  
**CLEARWATER FL 33767**



**2. Principal Place of Business**

**3. Mailing Address**

*P.O. Box 3176*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*CLEARWATER, FL.*

Zip

Country

*33767-8176*

*USA*

**4. FEI Number**

*03-0473923*

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**

**DONAHAY, CHARLES P JR.**  
**1390 GULF BOULEVARD**  
**SUITE 704**  
**CLEARWATER FL 33767**

**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	PSD	<input type="checkbox"/> Delete
NAME	DONAHAY, CHARLES P JR.	
STREET ADDRESS	1390 GULF BOULEVARD, SUITE 704	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RAYMOND E	
STREET ADDRESS	1390 GULF BOULEVARD, SUITE 704	
CITY-ST-ZIP	CLEARWATER FL 33767-US	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JAMES E	
STREET ADDRESS	1390 GULF BOULEVARD, SUITE 704	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

*4-17-03 (127) 647-7397*

Date

Daytime Phone #

CR2E034 (10/02)