

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0047785 AV

DOCUMENT # P02000089146

1. Entity Name  
ACCOUNTS MANAGEMENT ENHANCEMENT AGENCY, INC.



Principal Place of Business  
1400 VILLAGE SQ. BLVD., #226  
TALLAHASSEE FL 32312

Mailing Address  
1400 VILLAGE SQ. BLVD., #226  
TALLAHASSEE FL 32312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

21-0051529

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, BLOUNCE K  
3207-33 SHAMROCK E  
TALLAHASSEE FL 32209

7. Name and Address of New Registered Agent

Name

SAME AS ORIGINAL

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/31/03

**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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME Blouche Brown  
STREET ADDRESS 1400 Village Sq Blvd #226  
CITY-ST-ZIP Tallahassee FL 32312

TITLE ☐ Delete  
NAME Blouche Brown  
STREET ADDRESS 3207-33 Shamrock E  
CITY-ST-ZIP Tall. FL 32309

TITLE ☐ Delete  
NAME ALFRED BROWN  
STREET ADDRESS 3207-33 Shamrock E  
CITY-ST-ZIP Tall FL 32309

TITLE ☐ Delete  
NAME RICHARD THORNTON  
STREET ADDRESS 474 Man-o-war Cir  
CITY-ST-ZIP Cantonment FL 32625

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 26/03 508 3707

CR2E034 (10/02)