Daytime Phone

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT JUBR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Sep 04, 2003 8:00 am Secretary of State P02000094769 DOCUMENT # 09-04-2003 90061 033 \*\*\*150.00 1. Entity Name AMC MARKETING INC. Principal Place of Business Mailing Address 5440 BOLD VENTURE PLACE 5440 BOLD VENTURE PLACE WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address 5330 SILVERCHAM TEVY. 5330 SILVERCHARM TEXR Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 22 3869074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLIN, ALEX M Street Address (P.O. Box Number is Not Acceptable) **5440 BOLD VENTURE PLACE** 5330 Silver Charm Terrace **WESLEY CHAPEL FL 33544** 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change **K**Addition NAME NAME remiterace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-71P TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP TITLE Delete TITLÉ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Affachment 9/2/03 8043517 To Whom It May Concern, Po2000094769 I did not receive any other forms before This one which was received the end of July. This is the reason for the amount of my check of \$ 150.00 is received. If you have anyquestions or suggestions please call me @ 813-997-1351. Thouleyou for your help. this is the 1st year of the Corporation of never have been incorporated before. I now know more of the responsabilities.

> Sincerely, Alex Mallin ALEX M. COLLIN FEI 22 3869074