2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3705 OCEAN DRIVE

3. Mailing Address

VERO BEACH FL 32963

DOCUMENT # P02000110520

1. Entity Name

AMARIS FINANCIAL, INC.

Principal Place of Business

2. Principal Place of Business

3705 OCEAN DRIVE

VERO BEACH FL 32963



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90243 027 ***158.75

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		Suita Ant # ata			-	D OUTOK HERE IS MAKING CHANGES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	El Number		oplied For ot Applicable	
Zip .	Country	Zip	Coun	try		5. Certificate of Status Desired —		\$8.75 Additional Fee Required	
6 Name	and Address of Current F	Registered Agent			7. N	ame and Address of New Register	ed Agent		
O. Italiic	and Addition of Control			Name					
BEADD DONALD				Out A Liture (DO Pay Number in Not Acceptable)					
BEARD, DONALD				Street Address (P.O. Box Number is Not Acceptable)					
3705 OCEAN DRIVE		,						1	
VERO BEACH FL 329	163			<u> </u>			Zip Cod	10	
				City		•	⁻┗ — } '		
8. The above named optil	ty cubmits this statement for	the purpose of changing its	register	ed office or regis	tered age	ent, or both, in the State of Florida. I	am familiar with,	and accept	
the obligations of regis	tered agent		_			/)	ا اہ	_	
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SIGNATURE		THE SHOULD AND THE SHOP SHOWS A SHOWS A SHOP SHOWS A SHOWS A SHOP SHOWS A SHOWS A SHOP SHOWS A SHOWS A SHOP S	E' Begistere	ed Agent signature requ	ired when rei	DA	σE		
······································	d or printed name of registered agent a	ato file il applicatio.							
FILE NOW!	!! FEE IS \$150.00				.	Election Campaign Financing		DO May Be	
After May 1, 20	03 Fee will be \$550.00					Trust Fund Contribution.	☐ Adde	d to Fees	
Make Check Payable t	o Florida Department of	State					AND DIDECTOR	00 IN 11	
10.	OFFICERS AND	DIRECTORS	11.		ADAD	DITIONS/CHANGES TO OFFICERS	_	Addition	
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NAME BEARD, D)ONALD		NAM	· -					
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UIT - 31 - 41F				1					

12. I hereby certify that the information supplied with this filling 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:

ATURE AND TO SERVING OF PIOCA R DIRECTOR

Date Daytime Phone

CR2E034 (10