


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

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90041 029 ***150.00

DOCUMENT # <u>PC30000995-76</u>	
1. Entity Name <u>MORRISON AMSTER</u> <u>ACCOUNTANTS - AMSTER INC</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10018 SPANISH ISLES BLVD</u> Suite, Apt. #, etc. <u>F7</u>		3. Mailing Address <u>8128 CANYON WAY</u> Suite, Apt. #, etc.	
City & State <u>BOCA RATON FL</u>	City & State <u>BOYNTON BEACH FL</u>	4. FEI Number <u>20-0814065</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33437</u>	Country <u>FLM BEACH</u>	Zip <u>33437</u>	Country <u>FLM BEACH</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>MORRISON AMSTER</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>8128 CANYON WAY</u>	
	City <u>BOYNTON BEACH</u>	FL Zip Code <u>33437</u>

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] (NOTE: Registered Agent signature required when reinstating) 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	<u>PRESIDENT</u> <u>MORRISON AMSTER</u> <u>8128 CANYON WAY</u> <u>BOYNTON BEACH FL 33437</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>SIMMON F AMSTER</u> <u>8128 CANYON WAY</u> <u>BOYNTON BEACH FL 33437</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/21/05 3214884444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #