

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91835 024 \*\*\*150.00

DOCUMENT # P93000045464 (3)

1. Entity Name

A.M.A. BUILDING CONTRACTOR'S INC. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8930 W. STATE ROAD 84

Suite, Apt. #, etc.

# 232

City & State

DAVIE, FL.

Zip

33324

Country

U.S.A.

3. Mailing Address

8930 W. STATE ROAD 84

Suite, Apt. #, etc.

# 232

City & State

DAVIE, FL.

Zip

33324

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3201251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREW M. APPELGATE

Street Address (P.O. Box Number is Not Acceptable)

2663 LAKE PARK CIRCLE E.

City

DAVIE

FL

Zip Code

33328

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

*Andrew M. Applegate*

ANDREW M. APPELGATE

4/30/03

Signature, typed or printed name of registered agent, if applicable

(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

D  
ANDREW M. APPELGATE  
2663 LAKE PARK CIRCLE E.  
DAVIE, FL. 33328

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Andrew M. Applegate*

ANDREW M. APPELGATE

4/30/03

954-868-1443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)