

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90122 007 ***158.75

DOCUMENT # P93000058464

1. Entity Name
A M TESTING, INC.

Principal Place of Business
1421 LIME STREET
CLEARWATER FL 33756

Mailing Address
1421 LIME STREET
CLEARWATER FL 33756

2. Principal Place of Business
4654 NE 140th Place
Suite, Apt. #, etc.

3. Mailing Address
4654 NE 140th Place
Suite, Apt. #, etc.

City & State
Anthony, Florida
Zip **32617** Country **USA**

City & State
Anthony, Florida
Zip **32617** Country **USA**

4. FEI Number
59-3197782

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANGLEY, ANN M
1421 LIME STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4654 NE 140th Place
City **Anthony** **FL** **Zip Code** **32617**

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.

SIGNATURE **Ann Marie Langley - President** **1-14-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | LANGLEY, ANN MARIE | |
| STREET ADDRESS | 1421 LIME STREET | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | LANGLEY, JAMES E. | |
| STREET ADDRESS | 1421 LIME STREET | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 4654 NE 140th place |
| CITY-ST-ZIP | Anthony, FL 32617 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 4654 NE 140th place |
| CITY-ST-ZIP | Anthony, FL 32617 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Marie Langley - President **1-14-02** **352-595-3399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MS000001 AT

CR2E034 (9/01)