

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079895

1. Entity Name

AMADEUS INC.

FILED

Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90015 005 ***150.00

Principal Place of Business

Mailing Address

3520 BELLE VISTA DR E
SAINT PETERSBURG FL 33706

PO BOX 47132
C/O SANDRA HIMBER
ST PETERSBURG FL 33743-7132
US

00004130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

612 OLEANDER
WAY SOUTH

City & State
ST PETERSBURG FL

Zip
33707

Country
USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3218310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENSEL, ANNA
3520 BELLE VINTA DRIVE EAST
ST. PETERSBURG FL 33706

Name SANDRA HIMBER
Street Address (P.O. Box Number is Not Acceptable)
612 OLEANDER WAY So.
City ST PETERSBURG FL Zip Code 33707

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 SANDRA HIMBER

Sandra Himber

1-6-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KOCEY, WILHELM
STREET ADDRESS 7892 10TH AVE SO
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE
NAME KOCZY, WILHELM ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME HENSEL, ANNA
STREET ADDRESS 3520 BELLE VINTA DRIVE
CITY-ST-ZIP ST PETERSBURG FL 33706 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP-S-T
NAME CHRISTINE BERGER
STREET ADDRESS 7892 10th AVE SO
CITY-ST-ZIP ST PETERSBURG FL 33707 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: CHRISTINE BERGER

1-6-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-345-4639

CR2E034 (9/99)