

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041377

1. Entity Name
A. M. F. ENTERPRISES, INC.

Principal Place of Business

916 NORFOLK CT
LONGWOOD FL 32750

Mailing Address

916 NORFOLK CT
LONGWOOD FL 32750

2. Principal Place of Business

16100 PLANTATION

3. Mailing Address

LKS. CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

16306

4. FEI Number 59-3247191

Applied For

Not Applicable

32771

Country

SEMINOLE COUNTY

Zip

Country

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

FLYNN, DONALD E
916 NORFOLK CT
LONGWOOD FL 32750

Name

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

City

FL

Zip Code

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 *Donald E. Flynn*
Signature, typed or printed name of registered agent and title, 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, 2001 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 ☐ Delete
NAME D FLYNN, DONALD E
STREET ADDRESS 916 NORFOLK CT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16100 PLANTATION LKS CIR
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Donald E. Flynn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 324-7060

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90397 041 ***150.00

C0056510



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)