

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90081 009 ***150.00

DOCUMENT # P94000059844

1. Entity Name
AMADDA LIMOS, INC.

Principal Place of Business
**35246 US HIGHWAY 19 NORTH
#120
PALM HARBOR FL 34684-1931**

Mailing Address
**35246 US HIGHWAY 19 NORTH
#120
PALM HARBOR FL 34684-1931**

2. Principal Place of Business 7782 W. ROSEDALE DR.	3. Mailing Address 7782 W. ROSEDALE DR.
Suite, Apt. #, etc. HSE.	Suite, Apt. #, etc. HSE.
City & State HOMOSASSA, Florida	City & State HOMOSASSA, Florida
Zip 34448	Zip 34448
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3309439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DONATO, SAMUEL A. 2998 FARNHAM WAY CLEARWATER FL 34621	7. Name and Address of New Registered Agent Name DONATO, SAMUEL A. Street Address (P.O. Box Number is Not Acceptable) 7782 W. ROSEDALE DR. City HOMOSASSA FL Zip Code 34448
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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 *Samuel A. Donato* DATE **01-09-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONATO, SAMUEL A 2998 FARNHAM WAY CLEARWATER FL 34621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONATO, SAMUEL A, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7782 W. ROSEDALE DR. HOMOSASSA, Florida, 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Samuel A. Donato* DATE **01-09-01** 352-628-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0556470

CR2E034 (10/00)