

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079434

1. Entity Name

AMA FINANCIAL SERVICES, INC.

Principal Place of Business

28100 US HWY 19 N
STE 509
TAMPA FL 33761
US

Mailing Address

28100 US HWY 19 N.
SUITE ~~106~~ 509
CLEARWATER FL 33761

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite/Apt. #, etc.

509

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3295795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOE, DAVID
3301 BAYSHORE BLVD., #1909
TAMPA FL 33629

7. Name and Address of New Registered Agent

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
NOE, DAVID
28100 US HWY 19 N. ~~STE~~ 509
CLEARWATER FL 33761

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-600

Date

727-669-6777

Daytime Phone #

A3067569



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

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A0067569



AMA FINANCIAL SERVICES, INC.

July 6, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report Filing Fee

To Whom It May Concern:

Enclosed please find my 2000 Uniform Business Report and a check in the amount of \$150.00. This paperwork was forwarded to the wrong address, therefore, I did not receive it until July 5, 2000. I spoke with your office and was informed to write this letter and enclose a check for \$150.00.

Please update your records to prevent this from happening in the future.

Thank you.

Sincerely,

David H. Noe

David H. Noe
DN/kee