

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90076 015 ***150.00

DOCUMENT # P95000047514

1. Entity Name

AMCAN REALTY, INC.

Principal Place of Business

**385 COMPASS LK DR
 1
 ALFORD FL 32420
 US**

Mailing Address

**P.O. BOX 393
 MARIANNA FL 32447
 US**

2. Principal Place of Business

3. Mailing Address

385 Compass Lake Dr PO Box 393

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

Alford, FL

City & State

Marianna, FL

Zip

32420

Country

USA

Zip

32447

Country

USA

4. FEI Number

59-3319898

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

MAHONEY, M.J.

**385 COMPASS LAKE DRIVE
 ALFORD FL 32420**

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

Mj Mahoney
 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, 2002 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 **PDST** ☐ Delete
 NAME **MAHONEY, M.J.**
 STREET ADDRESS **385 COMPASS LAKE DRIVE**
 CITY-ST-ZIP **ALFORD FL**

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

TITLE **D** ☐ Delete
 NAME **MAHONEY, NORMAN A SR.**
 STREET ADDRESS **385 COMPASS LAKE DRIVE**
 CITY-ST-ZIP **ALFORD FL**

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
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 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:

Mj Mahoney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime

CR2E034 (9/01)