


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000010 AV

DOCUMENT # <b>P95000064714</b>	
1. Entity Name <b>AMELIA RESEARCH AND RECOVERY COMPANY</b>	

Principal Place of Business <b>2856 SADLER RD FERNANDINA BEACH FL 32034 US</b>	Mailing Address <b>2856 SADLER RD FERNANDINA BEACH FL 32034 US</b>
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**FILED**  
**03 NOV 14 AM 12:38**



2. Principal Place of Business <b>2021 South Fletcher Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 417</b> Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State <b>Fernandina Beach FL</b>	City & State <b>Middleburg FL</b>
Zip <b>32034</b>	Zip <b>32050</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3527322</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>POPE, CHARLES D 4163 DOWLING RD. MIDDLEBURG FL 32050</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>C. Douglas Pope</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POPE, C. DOUGLAS P.O. BOX 417 MIDDLEBURG FL 32050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP POPIN, JOHN S 3035 S. FLETCHER AVENUE FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOKEY, WARREN R 732 KENNETH CT FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELLIOTT, RALPH 3571 CR 218 MIDDLEBURG FL 32068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GAVRON, ED 2033 BONNIE OAKS DR FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**900024710984**  
**11/14/03--01007--007** ☐ **150000**  
**MPL**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **C. Douglas Pope** **13 NOV 03** **904-838-6619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

13 November 2003

Charles D. Pope

Amelia Research and Recovery Company

P.O. Box 417

Middleburg, Fl. 32050

P95000064714

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mrs. Karen Beyer

Division of Corporations

Dear Mrs. Beyer,

It was a pleasure talking to you this morning and I rally appreciate your help in this matter. As I told you we moved our office late last spring and much of my critical mail did not make it to me. The above address is my current and I hope permanent one. I finally got these documents in my hands last weekend. Enclosed is a check for \$150.00 for the fee.

Again, thanks for your help



Charles Pope

President, Amelia Research and Recovery Company