

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070016

1. Entity Name

AMCO, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90044 035 ***150.00

Principal Place of Business

Mailing Address

1200 N FEDERAL HIGHWAY
SUITE 420
BOCA RATON FL 33432

1200 N FEDERAL HIGHWAY
SUITE 420
BOCA RATON FL 33432-2847

2. Principal Place of Business

Northern Trust Bldg., Suite 404

3. Mailing Address

c/o Urbach Kahn + Werlin PC.

Suite, Apt. #, etc.

4001 Tamiami Trail North

66 State St.

City & State

Naples, Florida

Albany NY

Zip

34103

Country

USA

Zip

12207

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0712821

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

MCDONALD, JAMES P
1200 N FEDERAL HIGHWAY
SUITE 420
BOCA RATON FL 33432

Name WILLIAM L. OWENS ESQ

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

Northern Trust Bldg., Suite 404

4001 Tamiami Trail North

City

Naples

FL

Zip Code

34103

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

William L. Owens

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/00

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, 2000 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 P
NAME LAY, MAYFRED
STREET ADDRESS C/O JOHN LAY ELECTRONICS LITQUERBODEN
CITY-ST-ZIP CH6014, LITTAU, LUZERNE, SWI ☐ Delete

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

TITLE SP
NAME LAY, KURT
STREET ADDRESS C/O JOHN LAY ELECTRONICS LITQUEBODEN
CITY-ST-ZIP CH6014, LITTAU, LUZERNE, SWIT ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

W. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/00

Daytime Phone #

CR2E034 (9/99)