14-SEP-2001 10:05 MANFRED J.LAY/KURT S.LAY

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

09-20-2001 90001 049 ***750.00

DOCUMENT # P95000070016

1. Entity Name
AMCO, INC.

Principal Place of Business	Mailing Address
NORTHERN TRUST BLDG SUITE 404 4001 TAMIAMI TRAIL NORTH NAPLES FL 34103	C/O URBACH KAHN & WERLIN P.C. 66 STATE STREET ALBANY NY 12207
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
OWENS, WILLIAM L ESQ. NORTHERN TRUST BLDG SUITE 404 4001 TAMIAMI TRAIL NORTH NAPLES FL 34103	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 ____________________ DATE
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)

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAY, MAYFRED	NAME	
STREET ADDRESS	C/O JOHN LAY ELECTRONICS LITTQUERBODEN	STREET ADDRESS	
CITY-ST-ZIP	CH6014, LITTAU, LUZERNE, SWI	CITY-ST-ZIP	
TITLE	SP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAY, KURT	NAME	
STREET ADDRESS	C/O JOHN LAY ELECTRONICS LITTQUEBODEN	STREET ADDRESS	
CITY-ST-ZIP	CH6014, LITTAU, LUZERNE,SWIT	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ____________________

TOTAL P.04

URBACH KAHN & WERLIN ADVISORS, INC.
A Centerprise Company
66 STATE STREET
ALBANY, NEW YORK 12207-2595

EIN: 14-1555429

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