

# 2000 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

DOCUMENT # P95000079812

1. Entity Name

AMENITIES PLUS E.P.I. DISTRIBUTORS, INC.

FILED 091400

00 SEP 15 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

502 WHISPERING OAK DRIVE  
TARPON SPRINGS FL 34689

Mailing Address

502 WHISPERING OAK DRIVE  
TARPON SPRINGS FL 34689-3850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2940058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITE, MARSHA K  
502 WHISPERING OAK DRIVE  
TARPON SPRINGS FL 34689

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WHITE, MARSHA K  
502 WHISPERING OAK DRIVE  
TARPON SPRINGS FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100003408241--1  
-09/28/00--01079--014

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
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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:

MARSHA K. WHITE (MARSHA K. WHITE) 9-9-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

(727)  
934-7191



## AMENITIES PLUS

Box 1172

Palm Harbor, FL 34682

Office  
(727) 934-7191

Fax  
(727) 937-0267

2062

SEPTEMBER 9, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

I TELEPHONED YOUR OFFICE ON LAST WEEK AND WAS INSTRUCTED TO  
SEND OUR FEE AND LETTER OF EXPLANATION OF DELAY.

MY HUSBAND PASSED AWAY IN MAY OF THIS YEAR. IN THE MONTHS  
PRECEDING, HE WAS UNDERGOING CHEMOTHERAPY TREATMENT AND  
WAS NOT WORKING FULL TIME OR EVEN PART-TIME SOME MONTHS. HE WAS  
RESPONSIBLE FOR FILING ALL REPORTS AND BOOKKEEPING.

WE ARE STILL IN THE MIDST OF SORTING EVERYTHING OUT AND FOUND THE  
UBR REPORT AMONG OTHER REPORTS THAT WERE TO BE FILED THIS YEAR.  
WE APOLOGIZE FOR THE DELAY, BUT CERTAINLY HOPE YOU UNDERSTAND  
UNDER THE CIRCUMSTANCES.

IF YOU HAVE ANY QUESTIONS, PLEASE PHONE OUR OFFICE.

REGARDS,

*Marsha White*

MARSHA WHITE

MW/A