

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018006

1. Entity Name
AMY MANAGEMENT CORPORATION, INC.



Principal Place of Business
13719 WALSINGHAM ROAD
LARGO FL 33774
US

Mailing Address
6603 HUNTER COMBE XING
BRADENTON FL 34201
US

2. Principal Place of Business

5808 S. Tamiami Tr

3. Mailing Address

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State

Zip
34231

Country
USA

Zip

Country

4. FEI Number 59-3365772

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

SWIRSKY, LYNNE
6603 HUNTER COMBE XING
BRADENTON FL 34201

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Signature
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SWIRSKY, DONALD
STREET ADDRESS 6603 HUNTER COMBE XING
CITY-ST-ZIP BRADENTON FL 34201

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME SWIRSKY, LYNNE
STREET ADDRESS 6603 HUNTER COMBE XING
CITY-ST-ZIP BRADENTON FL 34201

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90121 016 ***150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)