

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91584 023 \*\*\*150.00

**DOCUMENT # P96000044859**

1. Entity Name  
**AMY & ARTHUR, INC.**

Principal Place of Business

**479 PRICE COURT  
 MARCO ISLAND FL 33937**

Mailing Address

**C/O GEROLD KNAUERHASE  
 175 SOCIETY COURT  
 MARCO ISLAND FL 33935**

80082140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0694281**

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

Name

**SAME**

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

**1106 DORCHESTER CT**

City

**NAPLES**

FL

Zip Code

**34104**

**KNAUERHASE, GEROLD**

**175 SOCIETY COURT**

**MARCO ISLAND FL 34145**

**1106 DORCHESTER CT  
 NAPLES, FL 34104**

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)

**GEROLD KNAUERHASE**

DATE

**2/26/02**

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, 2002 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RYCL, JAN**  
 CITY-ST-ZIP **479 PRICE COURT  
 MARCO ISLAND FL 33937**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RYCL-REITH, ROSEMARIE**  
 CITY-ST-ZIP **479 PRICE COURT  
 MARCO ISLAND FL 33937**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **X**

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

**ROSEMARY RYCL**

Date

Daytime Phone #

**4/18/02 239-348-8481**

CR2E034 (9/01)