

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045813

1. Entity Name

AMTOTE, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90229 018 ***150.00

Principal Place of Business

Mailing Address

~~1101 GULF BLVD~~
ST PETE BEACH FL 33706

~~6101 GULF BLVD~~
ST PETE BEACH FL 33706-2125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST PETE BEACH FL

City & State
ST PETE BEACH FL

Zip
33706

Country
HAWAII

Zip
33706

Country
HAWAII



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3410287

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

BAKER, TERRY
~~6101 GULF BLVD~~
ST PETE BEACH FL 33706

6635 BAY ST.

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

Terry R. Baker

(NOTE: Registered Agent signature required when reinstating)

4-27-00

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 ☐ Delete
NAME D
STREET ADDRESS BAKER, TERRY
CITY-ST-ZIP 6635 BAY ST
ST PETE BEACH FL 33706

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: Terry R. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00
Date

227-360-1285
Daytime Phone #

CR12E034 (9/99)