

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90257 043 ***150.00

DOCUMENT # P96000057026

1. Entity Name

FLORIDA ASSET MANAGEMENT COMPANY, INC.

Principal Place of Business

1093 AIA BCH. BLVD.
 STE. #369
 ST. AUGUSTINE FL 32084
 US

Mailing Address

1093 AIA BCH. BLVD.
 STE. #369
 ST. AUGUSTINE FL 32084
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0681496**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEMONS, CONLEY E
6170 AIA SOUTH #201
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

LEMONS, CONLEY E.

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

1093 AIA BCH BLVD. 9237 JOLY LANE

STE #369

City

ST. AUGUSTINE

FL

Zip Code

32084

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

Conley E. Lemons (Pres)

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, 2001 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

TITLE **D** ☐ Delete
 NAME **LEMONS, JANET D**
 STREET ADDRESS **1093 AIA BCH. BLVD. #369**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
 NAME **LEMONS, CONLEY E**
 STREET ADDRESS **1093 AIA BCH. BLVD. #369**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

Conley E. Lemons
CONLEY E. LEMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

904-471-9601

Daytime Phone #

CR2E034 (10/00)

0609641