

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90087 028 \*\*\*150.00

DOCUMENT # P96000061598

1. Entity Name  
 AMELIA INVESTMENT CORP.

|   |   |
|---|---|
| Principal Place of Business<br>1890 SOUTH 14TH ST.<br>SUITE 110<br>AMELIA ISLAND FL 32034 | Mailing Address<br>1890 SOUTH 14TH ST.<br>SUITE 110<br>AMELIA ISLAND FL 32034 |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>1601 GERBING RD.<br>SUITE 110<br>AMELIA ISLAND, FL | 3. Mailing Address<br>1601 GERBING RD.<br>SUITE 110<br>AMELIA ISLAND, FL |
|--|--|

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3398154 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent  
 MACDONALD, RALPH L JR.  
 1890 SOUTH 14TH STREET  
 SUITE 110  
 AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1601 GERBING RD  
 SUITE 110  
 City AMELIA ISLAND FL Zip Code 32034

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 \_\_\_\_\_ (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. <input checked="" type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

11. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>MACDONALD, RALPH L<br>1890 SOUTH 14TH ST., SUITE 110<br>AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>HALLIDAY, JOSEPH W<br>4 TIMES SQUARE<br>NEW YORK NY-10022 <input type="checkbox"/> Delete                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASAT<br>HAWKINS, CHERYL A<br>1890 SOUTH 14TH STREET, SUITE 110<br>AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1601 GERBING RD - SUITE 110<br>AMELIA ISLAND, FL 32034  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1601 GERBING RD. - SUITE 110<br>AMELIA ISLAND, FL 32034 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Cheryl A. Hawkins CHERYL A. HAWKINS 3-1-02 904-321-2140  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)