

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

Mailing Address

1890 SOUTH 14TH ST.
 SUITE 110
 AMELIA ISLAND FL 32034

1890 SOUTH 14TH ST.
 SUITE 110
 AMELIA ISLAND FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1601 GERBING RD.

1601 GERBING RD.

Suite, Apt. #, etc.
SUITE 110

Suite, Apt. #, etc.
SUITE 110

City & State
AMELIA ISLAND, FL

City & State
AMELIA ISLAND, FL

Zip
32034

Country
USA

Zip
32034

Country

4. FEI Number **59-3398154**

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

MACDONALD, RALPH L JR.
1890 SOUTH 14TH STREET
SUITE 110
AMELIA ISLAND FL 32034

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. (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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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