2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061598

1. Entity Name

AMELIA INVESTMENT CORP.

Principal Place of Business	Mailing Address
1601 GERBING RD.	1601 GERBING RD.
SUITE 110	SUITE 110
AMELIA ISLAND FL 32034	AMELIA ISLAND FL 32034
US	US

☐ CHECK HERE IF MAKING CHANGES

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 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. 1601 GERBING RD. SUITE 110 AMELIA ISLAND FL 32034	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MACDONALD, RALPH L		NAME		
STREET ADDRESS	1601 GERBING RD., SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALLIDAY, JOSEPH W		NAME		
STREET ADDRESS	4 TIMES SQUARE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP		
TITLE	ASAT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAWKINS, CHERYL A		NAME		
STREET ADDRESS	1601 GERBING RD., SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Cheryl A. Hawkins_ CHERYL A. HAWKINS   2-26-03   904-321-2140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #