

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90138 040 ***150.00

DOCUMENT # P96000099980

1. Entity Name
AMENITY SERVICES, INC.

Principal Place of Business
**151 REGIONS WAY. #6 SUITE E
 DESTIN FL 32541**

Mailing Address
**2333 BRICKELL AVENUE.. SUITE D-1
 MIAMI FL 33129**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

35008 Emerald Coast Pkwy

Suite, Apt. #, etc.
Suite 302

City & State
Destin, FL

Zip
32541

Country
USA

3. Mailing Address

35008 Emerald Coast Pkwy

Suite, Apt. #, etc.
Suite 302

City & State
Destin, FL

Zip
32541

Country
USA

4. FEI Number
59-3459176

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID, MARY ANN Y
 2333 BRICKELL AVENUE., SUITE D-1
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **Darrell Blanton**
 Street Address (P.O. Box Number is Not Acceptable)
35008 Emerald Coast Pkwy, Ste 302
 City **Destin** FL **32541**

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 **Darrelle E. Blanton, pres.** **4/23/02**
 (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANTON, DARRELL 4042 LAUREN COURT DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSEN, NORMAN S 2333 BRICKELL AVENUE., D-1 MIAMI FL 33129 <input checked="" 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 type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Blanton, Darrell 35008 Emerald Coast Pkwy, Ste 302 Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Phillips, Rupert E. 1217 Airport Rd., Ste 419 Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl R. Olson 1234 Airport Rd, Ste. 215 Destin, FL 32541 <input type="checkbox"/> Change <input checked="" 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
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: **Darrell E. Blanton** **4/23/02** **850-654-9889**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)