FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Jan 15, 2003 8:00 am Secretary of State P97000000896 DOCUMENT # 1. Entity Name 01-15-2003 90252 038 \*\*\*150.00 AM-PAC INVESTMENTS, INC. Principal Place of Business Mailing Address 11599 E COLONIAL DR 11599 E COLONIAL DR 90002413 SUITE 900 SUITE 900 ORLANDO FL 32817 ORLANDO FL 32817 US U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3428340 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7.- Name and Address of New Registered Agent ---Name . . JEFFREY D MARTIN 11599 E COLONIAL DR Street Address (P.O. Box Number is Not Acceptable) c. SUITE 900 ORLANDO FL 32817 City Zip Code 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) MARTIN, JEFFREY D ☐ Change ☐ Addition NAME NAME 11599 E COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME Addition 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 i 3 TITLE ☐ Detete TITLE ☐ Change ☐ Áddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change

CITY-ST-ZIP 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 h

NAME

NAME

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CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

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Delete

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Addition

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