


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90065 021 ***150.00

| | |
|--------------------------------|---|
| DOCUMENT # P97000013661 |  |
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| | | |
|---|--|---|
| 1. Entity Name AMFIT SPICES, INC. | Principal Place of Business 8191 TERRAZA CT. ORLANDO FL 32836 US | Mailing Address 8191 TERRAZA CT ORLANDO FL 32836 US |
|---|--|---|



| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

| | |
|--|---|
| 4. FEI Number 59-3427570 | <input type="checkbox"/> Applied For <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 | |
| LANE, PAUL C LANE & ASSOCIATES, PA 5301 CONROY RD, STE 140 ORLANDO FL 32811 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|-----------------------------------|------------------------|
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|------------------------|
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
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| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |

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 (P)  | DATE 01-03-03 | DAYTIME PHONE # (407) 345 8794 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |

CR2E034 (10/02)