

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048921

1. Entity Name

ADVANCED MICRO PRODUCTS CORP.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90012 034 ***150.00

Principal Place of Business 1129 TYNDALE DR FL 33511	Mailing Address 813 E BLOOMINGDALE AVE SUITE 180 BRANDON FL 33511-8113
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 813 E. BLOOMINGDALE AVE. Suite, Apt. #, etc. PMB: 180 City & State BRANDON, FL Zip 33511 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3082930	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HAYMORE, RODNEY M
813 E BLOOMINGDALE AVE
SUITE 180
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
813 E. BLOOMINGDALE AVE.
PMB: 180
City
BRANDON
FL
Zip Code
33511

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: Rodney M. Haymore President 3/7/2000
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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	P HAYMORE, RODNEY M 4129 TYNDALE DR BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYMORE, LINDA F 4129 TYNDALE DR BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rodney M. Haymore RODNEY M. HAYMORE 3/7/2000 813-653-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)