2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P97000051807

City & State

Zip:

1. Entity Name

City & State

SIGNATURE

AMI INSTALLATIONS, INC.



Principal Place of Business Mailing Address 19 NORTH TEXAS AVENUE 19 NORTH TEXAS AVENUE ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90056 009 ***150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3454414 Not Applicable

\$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 REGAL, SUE Street Address (P.O. Box Number is Not Acceptable) 6105 BEGGS ROAD ORLANDO FL 32810 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 the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) ☐ Change ☐ Addition REGAL, SUE NAME NAME 6105 BEGGS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cify-St=7tP= 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 ☐ Channe ☐ 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-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: