

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90061 045 ***150.00

DOCUMENT # P97000057004

1. Entity Name

AMES MANAGEMENT, INC.

Principal Place of Business

950 S FEDERAL HWY
 STUART FL 34994
 US

Mailing Address

950 S FEDERAL HWY
 STUART FL 34994
 US

2. Principal Place of Business

P.O. Box 651

3. Mailing Address

P.O. Box 651

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34995

Country

Zip

34995

Country

4. FEI Number

65-0770156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS, INC.
 200 S. BISCAYNE BLVD., STE. 4874
 MIAMI FL 33131**

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.

SIGNATURE

E. Soffici

3/18/01

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, 2001 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 **D** ☐ Delete
 NAME **SOFFICI, EDUARDO JR.**
 STREET ADDRESS **950 S. FEDERAL HWY**
 CITY-ST-ZIP **STUART FL 34994** **P.O. Box 651**
STUART, FL 34995

TITLE **T** ☐ Delete
 NAME **SOFFICI, EDUARDO S**
 STREET ADDRESS **950 S FEDERAL HWY**
 CITY-ST-ZIP **STUART FL 34994** **P.O. Box 651**
STUART, FL 34995

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 651**
 STREET ADDRESS **STUART, FL 34995**

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 651**
 STREET ADDRESS **STUART, FL 34995**

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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:

E. Soffici, **Eduardo Soffici, Pres.**

3/18/01

5612876900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)