

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058617

1. Entity Name

AMERICAN MODIFICATIONS, INC.

FILED

Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90006 021 ***150.00

Principal Place of Business

197 N CRYSTAL LAKE DR
ORLANDO FL 32803
US

Mailing Address

265 CRYSTAL LAKE DR
7
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

215 N CRYSTAL LAKE PR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 7

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32803

US

4. FEI Number

65-0761603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOINES, DAVID A
1290 E. OAKLAND PARK BLVD.
SUITE 200
FORT LAUDERDALE FL

Name

FLICK, JAMES J.

Street Address (P.O. Box Number is Not Acceptable)

940 HIGHLAND AVE.

City

ORLANDO

FL

Zip Code

32803

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

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 D ☐ Delete
NAME HOMSHER, LEWIS M
STREET ADDRESS 391 S.W. 65TH AVENUE
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☒ Change ☐ Addition
NAME HOMSHER, LEWIS M
STREET ADDRESS 1121 BRIDGEWAY BLVD.
CITY-ST-ZIP ORLANDO FL 32828

TITLE D ☐ Delete
NAME POWELL, LEWIS M
STREET ADDRESS 391 S.W. 65TH AVENUE
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☒ Change ☐ Addition
NAME POWELL, ROBERT L
STREET ADDRESS 13847 PRIEST COURT
CITY-ST-ZIP ORLANDO FL 32826

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JAMES E. BOWERS
STREET ADDRESS 1678 ONON DAWA DR.
CITY-ST-ZIP GENEVA, FL 32732

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Lewis M. Homsher

4-19-2000 (407) 898-9966

CR2E034 (9/99)