

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90053 018 \*\*\*158.75

**DOCUMENT # P97000080236**

1. Entity Name  
**AMTEL MALL, INC.**

Principal Place of Business  
**2500 EDWARDS DRIVE  
 FORT MYERS FL 33901**

Mailing Address  
**2401-A FIRST ST  
 FORT MYERS FL 33901-2941  
 US**

2. Principal Place of Business  
**Suwalee Thangsumphant  
 2500 Edwards Drive  
 Fort Myers, Florida**

3. Mailing Address  
**Suwalee Thangsumphant  
 2500 Edwards Drive  
 Fort Myers, Florida**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0806824** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip **33901** Country **U.S.A.** Zip **33901** Country **U.S.A.**

6. Name and Address of Current Registered Agent  
**JURSINSKI, KEVIN F  
 2222 SECOND STREET  
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent  
 Name **Knott, George H.**  
 Street Address (P.O. Box Number is Not Acceptable) **Humphrey & Knott, P.A.**  
**1625 Hendry Street, Suite 301**  
 City **Fort Myers** FL Zip Code **33901**

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 George H. Knott [Signature] DATE **3-21-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	<b>D</b> <b>THANGSUMPHANT, CHAVALIT</b> <b>2500 EDWARDS DRIVE</b> <b>FORT MYERS FL 33901</b> <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	<b>D</b> <b>THANGSUMPHANT, CHAI</b> <b>2500 EDWARDS DRIVE</b> <b>FORT MYERS FL 33901</b> <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	<b>D</b> <b>THANGSUMPHANT, SUWALEE</b> <b>2500 EDWARDS DRIVE</b> <b>FORT MYERS FL 33901</b> <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	<b>D</b> <b>TANSACHA, VISIT</b> <b>2500 EDWARDS DRIVE</b> <b>FORT MYERS FL 33901</b> <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	<b>D</b> <b>SIRISUMPAN, GEN TIENCHAI</b> <b>2500 EDWARDS DRIVE</b> <b>FORT MYERS FL 33901</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ms. Suwalee Thangsumphant, Director [Signature] (941) 479-4130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Feb. 18, 2000** no #

CR2E034 (9/99)