

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081512

1. Entity Name

AMA TECHNOLOGIES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91001 049 ***150.00

03/28/16

Principal Place of Business

2502 ROCKY POINT DRIVE
TAMPA FL 33607

Mailing Address

2502 ROCKY POINT DRIVE
TAMPA FL 33607

2. Principal Place of Business

309 MILL ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 408

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCCOQUAN, VA

Zip

22125

Country

USA

City & State

OCCOQUAN, VA

Zip

22125

Country

USA

4. FEI Number

54-1404358

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

R.A. CORPORATION OF PINELLAS COUNTY
1ST UNION BLDG.
980 TYRONE BLVD.
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

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

4008 LAUREN CRT

City

DESTIN

FL

Zip Code

32541

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

Bob Schmidt BOB SCHMIDT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/01

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 CEO
NAME SPAULDING, HAZEL M
STREET ADDRESS 2502 ROCKY POINT DRIVE STE 1050
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
309 MILL ST.
OCCOQUAN, VA 22125

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Michelle Spaulding

Date

Daytime Phone #

4/23/01 703-497-8921

CR2E034 (10/00)