

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90203 017 ***150.00

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1. Entity Name
AMELIA BEACH CORPORATION



Principal Place of Business
**406 ASH ST.
FERNANDINA BEACH FL 32034**

Mailing Address
**1669 N. PELHAM RD NE
ATLANTA GA 30324**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2355141**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TOMASSETTI, JEFFREY
406 ASH ST.
FERNANDINA BEACH FL 32034**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ ☐ Delete
NAME **PSTD GALLO, STEVEN R.**
STREET ADDRESS **1669 N. PELHAM RD**
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **WURTH, DAVID**
STREET ADDRESS **3817 ELGIN DRIVE**
CITY-ST-ZIP **PLANO, TX 75025**

TITLE _____ ☐ Delete
NAME **VD FINLEY, THOMAS P.**
STREET ADDRESS **18125 REGENTS SQUARE DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☒ Change ☐ Addition
NAME **GALLO, STEVE**
STREET ADDRESS **1669 PELHAM RD.**
CITY-ST-ZIP **ATLANTA, GA 30324**

TITLE _____ ☐ Delete
NAME **D LAYMAN, PAUL L.**
STREET ADDRESS **6575 ESTATE LANE**
CITY-ST-ZIP **LOVELAND OH 45140**

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

TITLE _____ ☐ Delete
NAME **D WURTH, DAVID**
STREET ADDRESS **3817 ELGIN DR**
CITY-ST-ZIP **PLANO TX 75025**

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 _____

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID E. WURTH

2/10/03
Date

972-335-6525
Daytime Phone #

CR2E034 (10/02)