

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90146 046 ***150.00

DOCUMENT # P98000003798

1. Entity Name
AMI HOLDINGS, INC.



Principal Place of Business
**6425 28TH AVE E
BRADENTON FL 34208**

Mailing Address
**6425 28TH AVE E
BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0805058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILCOX, DAVID W
6TH AVENUE WEST
STE 401
BRADENTON FL 34205**

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

SIGNATURE _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, DAVID W	
STREET ADDRESS	6TH AVENUE WEST STE 401	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOOMEY, LORIANN M	
STREET ADDRESS	6425 28TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TOOMEY, MICHAEL O	
STREET ADDRESS	6425 28TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	SDC	<input type="checkbox"/> Delete
NAME	TOOMEY, JAMES K	
STREET ADDRESS	6425 28TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOOMEY, HEIDI M	
STREET ADDRESS	6425 28TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/7/03 **(941) 748-4646**
Date Daytime Phone #

CR2E034 (10/02)