2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000012227

1. Entity Name

A.M. TO P.M., Inc.

Principal Place of Business	Mailing Address
FASHION SQUARE MALL F9 3201 E COLONIAL Dr. ORLANDO, FL 32803	SAME

2. Principal Place of Business	3. Mailing Address	
451 E. ALTAMONTE Dr.	NATURE'S TABLE	
Suite, Apt. #, etc. #893	Suite, Apt. #, etc. 451 E. ALTAMONTE Dr., #893	DO NOT WRITE IN THIS SPACE
ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL	4. FEI Number 59-3492924 — Applied For / Not Applicable
Zip 32701 Country USA	Zip 32701 Country USA	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
STUART K. FURMAN, CPA 1201 S. ORLANDO AVE WINTER PARK, FL 32789	Name TERRY S. MAZE Street Address (P.O. Box Number is Not Acceptable) 548 THAMES CIRCLE City LONGWOOD FL Zip Code 32750

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 _Terry S. Maze_ TERRY S. MAZE 3/31/01

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MAZE, TERRY S STREET ADDRESS 548 THAMES CIRCLE CITY-ST-ZIP LONGWOOD FL 32750		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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.

407-331-6663

SIGNATURE: _Terry S. Maze_ TERRY S. MAZE 3/31/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #