

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020643

1. Entity Name
AMCOL ENTERPRISES, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90104 001 ***150.00

Principal Place of Business
7501 ULMERTON RD. #521
LARGO FL 33771

Mailing Address
7501 ULMERTON RD. #521
LARGO FL 33771

2. Principal Place of Business
11861 34th ST.
Suite, Apt. #, etc.

3. Mailing Address
11861 34th ST
Suite, Apt. #, etc.

City & State
St. Petersburg, US

City & State
St. Petersburg FL

Zip
33716

Country
PINR/1143

Zip
33716

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOMBAY, TIMOTHY
7501 ULMERTON RD. #521
LARGO FL 33771

7. Name and Address of New Registered Agent

Name
Bombay, Timothy
Street Address (P.O. Box Number is Not Acceptable)
11861 34th ST
City ST Petersburg FL Zip Code 33716

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOMBAY, TIMOTHY
7501 ULMERTON RD. #521
LARGO FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BOMBAY, ANA L
7501 ULMERTON RD. #521
LARGO FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0372619