

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 013 ***150.00

0399370

DOCUMENT # P98000028259

1. Entity Name

ALLIANCE MARKETING CONSULTANTS OF S.W. FL. INC.

Principal Place of Business

**5958 BAKER CT
 FORT MYERS FL 33919**

Mailing Address

**5958 BAKER CT
 FORT MYERS FL 33919**

2. Principal Place of Business

Associates in Pain Medicine

3. Mailing Address

P.O. Box 6608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23660 Central Ave P.O.

6608 Box

City & State

City & State

Fort Myers

Fort Myers FL

Zip

Country

Zip

Country

33901

USA

4. FEI Number **65-0823147**

Applied For

Not Applicable

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

**A
 1711 S.E. 1ST STREET
 CAPE CORAL FL 33990**

Name **Judy Lynn Day**
 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 6608

5958 Baker Ct.

City **Fort Myers**

FL

Zip Code

33901

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 **Judy Lynn Day**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **DAY, JUDY L**
 STREET ADDRESS **1711 S.E. 1ST STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **President** ☒ Change ☐ Addition
 NAME **Summer Spicer**
 STREET ADDRESS **P.O. Box 6608**
 CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 STREET ADDRESS
 CITY-ST-ZIP

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: **Summer D. Spicer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

470-4835

Daytime Phone #

CR2E034 (10/00)