

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050293

1. Entity Name  
AMACHE INC.

Principal Place of Business  
1107 S.E. SILVER SPRINGS BLVD.  
UNIT 1  
OCALA FL 34470  
US

Mailing Address  
1107 S.E. SILVER SPRINGS BLVD.  
UNIT 1  
OCALA FL 34470-6758

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 **59-3521662**  
Applied For  
Not Applicable

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

#### 6. Name and Address of Current Registered Agent

SCHOLES, JAMES M  
20 CEDAR CIRCLE  
OCALA FL 34472

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.

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, 2000 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

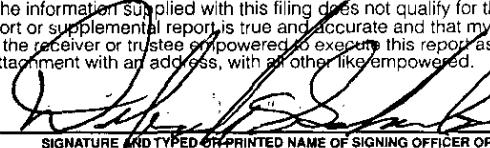
#### 11. OFFICERS AND DIRECTORS

#### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOLES, JAMES M 20 CEDAR CIRCLE OCALA FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOLES, LANFORD J P.O. BOX 784 FORT MC COY FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHOLES, DEBORAH C P.O. BOX 784 FORT MC COY FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

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SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

CR2E034 (999)