2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P08000050203



FILED Apr 24, 2003 8:00 am Secretary of State

1. Entity Name AMACHE INC.							04-24-2003 9	-			
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 US 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. F	59-3521662		\rightarrow	plied For t Applicable	1	
Zìp	C	ountry	Zìp	Cou	intry	5. (Certificate of Status Desired		75 Addi Required		
	6. Name and	Address of Current F	legistered Agent	<u> </u>		7. 1	lame and Address of New Regi	stered Ager	ıt ·		4
COLLOLEO	N IAMEO M	•	•		Name						
SCHOLES, JAMES M 20 CEDAR CIRCLE					Street Addre	ddress (P.O. Box Number is Not Acceptable)					
OCALA FI	L 34-4725		•		City				Zip Code	· · · · · · · · · · · · · · · · · · ·	
					City			FL	Zip Code	; 	_
	named entity sub tions of registered		the purpose of changi	ing its registe	red office or reg	jistered ag	ent, or both, in the State of Florid	a. I am famil	iar with, a	and accept	
SIGNATURE .											
OIGHAIGHE .	Signature, typed or prin	nted name of registered agent ar	nd title if applicable.	(NOTE: Register	red Agent signature re-	quired when re	einstating)	DATE			
F After	ILE NOW!!! F r May 1, 2003 F	ted name of registered agent ar EE IS \$150.00 ee will be \$550.00 orida Department of		(NOTE: Register	red Agent signature re-	quired when re	9. Election Campaign Finantrust Fund Contribution.			May Be to Fees	
F After	ILE NOW!!! F r May 1, 2003 F	EE IS \$150.00 ee will be \$550.00	State	(NOTE: Register			9. Election Campaign Finan	cing	Added	to Fees	
F After Make Check 10.	FILE NOW!!! F r May 1, 2003 F k Payable to Fic	EE IS \$150.00 Fee will be \$550.00 orida Department of OFFICERS AND D	State	11.	LE		Election Campaign Financ Trust Fund Contribution.	cing	Added	to Fees	00/0
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12. I hereby certify that the information supplied with this filling 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 employered 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP