

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 24, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90019 005 \*\*\*150.00

**DOCUMENT # P980000961007**

Entity Name

**AMIDON'S STAMPS, INC.**

Principal Place of Business

**WOLF ROAD  
ORLANDO FL 32808**

Mailing Address

**2226 WOLF ROAD  
ORLANDO FL 32808-4248**

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3.

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3527050-59-2334114**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMIDON, MARGARET  
2226 WOLF ROAD  
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

**AMIDON, THOMAS  
2226 WOLF RD  
ORLANDO FL 32808**

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 **THOMAS AMIDON** **MARGARET AMIDON** **5/20/00**  
Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 **\$5.00 May Be**  
Trust Fund Contribution ☐ Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OP AMIDON, MARGARET 2226 WOLF ROAD ORLANDO FL 32808</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President - Sec. AMIDON THOMAS 2226 WOLF RD ORLANDO, FL 32808</b> <input checked="" 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)