

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90125 003 ***550.00

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DOCUMENT # P98000064863

1. Entity Name
AMELS-NIGEL BURGESS, INC.



Principal Place of Business
**801 SEABREEZE BLVD.
FT. LAUDERDALE FL 33316**

Mailing Address
**801 SEABREEZE BLVD.
FT. LAUDERDALE FL 33316**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0868943**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BALES, BRUCE A
801 SEABREEZE BLVD.
FORT LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BECKETT, JONATHAN	
STREET ADDRESS	16-17 PALLMALL	
CITY-ST-ZIP	LONDON, ENGLAND SW1Y5LV SW	
TITLE	D	<input type="checkbox"/> Delete
NAME	PONCHAU, DANIEL	
STREET ADDRESS	16-17 PALLMALL	
CITY-ST-ZIP	LONDON, ENGLAND SW1Y5LV SW	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEEMAN, SJOERD	
STREET ADDRESS	POST OFFICE BOX 8754	
CITY-ST-ZIP	ZN MAKKUM, THE NETHERLANDS	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BALES, BRUCE A	
STREET ADDRESS	801 SEABREEZE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRUCE A. BALES**
PRINCIPAL
7/17/03 954 522 7090

CR2E034 (4/03)