

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90156 019 ***150.00

DOCUMENT # P98000070631

1. Entity Name

AMERICAN MEDICAL RESEARCH, INC.

Principal Place of Business

3109 CRYSTAL CAY
 BELLAIR BEACH FL 33786

Mailing Address

3109 CRYSTAL CAY
 BELLAIR BEACH FL 33786

2. Principal Place of Business

3109 CRYSTAL CAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

BELLAIR BEACH, FL. 33786

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.A.

Zip

Country

4. FEI Number

59-3530170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.
410 WEST MERRITT ISLAND AVENUE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☒ Delete
 NAME **SHIELDS, PATRICIA**
 STREET ADDRESS **3109 CRYSTAL CAY**
 CITY-ST-ZIP **BELLAIR BEACH FL 33786**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **Joseph M. Sena**
 STREET ADDRESS **3109 Crystal Cay**
 CITY-ST-ZIP **Bellaire Beach, FL 33786**

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Joseph M. Sena)

1/31/2001

Date

Daytime Phone #

727 4605005