## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 08, 2000 8:00 am Secretary of State DOCUMENT # P98000078625 03-08-2000 90042 046 \*\*\*158.75 A & M ENTERPRISES OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 1070 SHÖDICK DR 1266 GAGE AVE BAY L **DELTONA FL 32738-9714** ORANGE CITY FL 32763 ŪS 2. Principal Place of Business 3. Mailing Address 1070 SHADICK Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3539859 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1266 GAGE AVE **DELTONA FL 32738** City 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 -- ≥FILE-NOW!!!\*FÉE'ÎS'\$T50.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99) TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOORE, MICHAEL NAME NAME 1266 GAGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **DELTONA FL 32738** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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: