

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000103329**

1. Entity Name

AMF FINANCIAL SERVICES, INC.

Principal Place of Business

**9033 EASTHAVEN CT.
NEW PORT RICHEY FL 34655**

Mailing Address

**9033 EASTHAVEN CT.
NEW PORT RICHEY FL 34655**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3545713

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FARINA, ANTHONY M
9033 EASTHAVEN CT.
NEW PORT RICHEY FL 34652**

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, 2002 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

**PVTS
FARINA, ANTHONY M
9033 EAST HAVEN CT.
NEW PORT RICHEY FL 34655**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Anthony Farina
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT**12/30/01 (727) 375-5588**
Date Daytime Phone #**FILED
Jan 07, 2002 8:00 am
Secretary of State**

01-07-2002 90003 031 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)