

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018977

1. Entity Name

AMORE JEWELERS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90062 004 ***150.00

Principal Place of Business

SAN JOSE BLVD.
SUITE 12
JACKSONVILLE FL 32223

Mailing Address

11436 SCOTT MILL ROAD
JACKSONVILLE FL 32223-1344

2. Principal Place of Business

11362-12 San Jose Blvd.

Suite, Apt. #, etc.

Suite 12

City & State

Jacksonville, FL

Zip

32223

Country

USA

3. Mailing Address

11362-12 San Jose Blvd

Suite, Apt. #, etc.

Suite 12

City & State

Jacksonville, FL

Zip

32223

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3559718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, ELIZABETH J
11436 SCOTT MILL ROAD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11362-12 San Jose Blvd.

City

Jacksonville

FL

Zip Code

32223

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

Elizabeth J. Baker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-2000

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS BAKER, ELIZABETH J
CITY-ST-ZIP 11436 SCOTT MILL ROAD
JACKSONVILLE FL 32223

TITLE ☐ Delete
NAME D
STREET ADDRESS BAKER, OZROW J
CITY-ST-ZIP 11436 SCOTT MILL ROAD
JACKSONVILLE FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Elizabeth J. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00 904-268-687