

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023123

1. Entity Name

AMELIA ISLAND SERVICES, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90172 006 ***150.00

Principal Place of Business

Mailing Address

1417 AVERY ROAD
BEACH FL 32034

1417 AVERY ROAD
FERNANDINA BEACH FL 32034-5809



DO NOT WRITE IN THIS SPACE

New # 59-3564022

4. FEI Number

59-2387469

Applied For

Not Applicable

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

DARLINGTON, IRA
1417 AVERY ROAD
FERNANDINA BEACH FL 32034

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D DARLINGTON, IRA	TITLE	
NAME	1417 AVERY ROAD	NAME	
STREET ADDRESS	FERNANDINA BEACH FL 32034	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

07/03/00

(904) 201-2000

07-11-2000 (9/99)

Attachment
D#P99UY0023123
DW69002

JULY 07, 2000

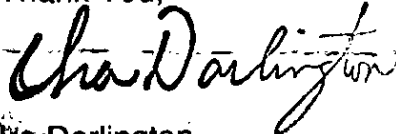
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

AMELIA ISLAND SERVICES, INC
1417 AVERY RD.
FERNANDINA BEACH, FL 32034

To Whom It May Concern,

My electronic access code is 7036. I would like to apologize for the delinquent status on this 2000 UBR. My secretary was not aware that we were responsible to pay the fee twice due to two business name filings with the state. I spoke with a representative in this department and he instructed me to send a letter with the original fee explaining the situation. He felt that there should not be a problem under these circumstances. The rep. pulled up the access code 9764, which stated that AMELIA SERVICES, INC was current and understood where the misunderstanding could occur. I apologize again for the status #7036. Please except this check of \$150.00 for the original fee. If you would like to contact me, please do so. My business phone is (904)-261-2600. If I'm not available at that time, leave a message with my secretary and I'll return your call as soon as possible.

Thank You,



Cha Darlington,
Owner