

..2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2000 8:00 am**
Secretary of State

05-30-2000 90037 022 ***150.00

DOCUMENT # P99000023395

1. Entity Name

BY AMY & CO., INC.

Principal Place of Business

Mailing Address

5445 48TH AVE NORTH
ST. PETERSBURG FL 33709**5445 48TH AVE NORTH**
ST. PETERSBURG FL 33709-3837

2. Principal Place of Business

3. Mailing Address

101 12th AVENUE
Suite, Apt. #, etc.**101 12th AVENUE**
Suite, Apt. #, etc.

City & State

ST. PETE BEACH

City & State

ST. PETE BEACH FL

4. FEI Number

59-3561910

Applied For

Not Applicable

Zip

33706

Country

PINELLAS

Zip

33706

Country

PINELLAS5. 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

MAKSIMOWICZ, AMY
5445 48TH AVE NORTH
ST. PETERSBURG FL 33709

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29, 009. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees11. **PRESIDENT** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARK MAKSIMOWICZ ☐ Delete
101 12th AVE
ST. PETE BEACH FL 33706TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. PRESIDENT ☐ Delete
AMY L. MAKSIMOWICZ
101 12th AVENUE
ST. PETE BEACH FL 33706TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER ☐ Delete
AMY L. MAKSIMOWICZTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY ☐ Delete
AMY L. MAKSIMOWICZTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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:

AMY L. MAKSIMOWICZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 29, 00

Daytime Phone #

127-367-6958

CR2E034 (9/99)