

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052949

1. Entity Name
AMPPR, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91283 004 ***150.00

0389378

Principal Place of Business
**6300 CORPORATE COURT, SUITE 103
FORT MYERS FL 33919**

Mailing Address
**6300 CORPORATE COURT, SUITE 103
FORT MYERS FL 33919**

C0066747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6300 CORP. COURT
Suite, Apt. #, etc.
103

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
FT MYERS

City & State

4. FEI Number **65-0926477**

Applied For
Not Applicable

Zip
33919

Country
LEE

Zip

Country

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

6. Name and Address of Current Registered Agent

**BOLAND, MAUREEN H
6300 CORPORATE COURT, SUITE 103
FORT MYERS FL 33919**

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 **MAUREEN H. BOLAND CEO Maureen H. Boland**
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, 2001 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 **D** ☐ Delete
NAME **BOLAND, MAUREEN H**
STREET ADDRESS **6300 CORPORATE COURT, SUITE 103**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
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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: **Maureen H. Boland** **MAUREEN H. BOLAND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01
Date

941-882-8800
Daytime Phone #

CR2E034 (10/00)