

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
 03-17-2000 90018 030 ***150.00

DOCUMENT # P99000082650

1. Entity Name

LADY AMELIA, INC.

Principal Place of Business

Mailing Address

4510 OCEAN STREET
 MAYPORT FL 32233

4510 OCEAN STREET -
 MAYPORT FL 32233-2422

2. Principal Place of Business

3. Mailing Address

230 Pine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Neptune Bch, FL 32233-4014

4. FEI Number

59-3596607

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROLAND, MATHIAS C
 4510 OCEAN STREET
 MAYPORT FL 32233

Name

William B Roland

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

230 Pine Street

City

Neptune Bch

FL

32233

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D ROLAND, MATHIAS C
 STREET ADDRESS 4510 OCEAN STREET
 CITY-ST-ZIP MAYPORT FL 32233

TITLE ☒ Change ☐ Addition
 NAME D Roland, William B
 STREET ADDRESS 230 Pine Street
 CITY-ST-ZIP Neptune Bch, FL 32233

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B Roland

Date

Daytime Phone #

CR2E034 (9/99)