2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9900094050 1. Entity Name AMG SERVICES, INC. | | | | | FILED Jul 21, 2000 8:00 am Secretary of State 05-15-2000 90236 028 ***150.00 | | |
|--|--|---|---|-----------------------------------|--|---------------------------------|----------------------|
| Principal Place of Business 2606 61ST ST EAST BRADENTON FL 34206 | | Mailing Address 2608 61ST ST EAST BRADENTON FL 34208-6422 | | | 03 13 . | 2000 30230 020 | 130.00 |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | City & State | | 4. FEI Number 65-0958043 Applied For Not Applied For | | |
| Zip Country | | Zip | Zip Country | | 5 Certificate of Status Desired \$8.75 Additional | | |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. | Name and Address of New I | Fee Require Registered Agent | Na . |
| 2608 | LLEY, MIKE 61ST: ST.; EAST———————————————————————————————————— | | Name Street A | ddress (P.O. E | Box Number is Not Acceptable | e) | |
| | | | City | | | FL Zip Cod | le |
| SIGNATURE _ 9. This corpo Tax filling r | signature, typed of printed reme of registered age praction is eligible to satisfy its Intangible acquirement and elects to do so. | on and little if applicable (NOT ple FILE NOW After MAY 1, 20 | TE: Registered Agent argnati III FEE IS \$150.0 000 Fee will be \$5 | use required when re | · | DATE | 00 May Be |
| 11. TITLE | OFFICERS AN | D DIRECTORS | 12. | AE | DITIONS/CHANGES TO OF | FICERS AND DIRECTOR | |
| NAME STREET ADDRESS CITY-ST-ZIP | SAME | S.C. A. Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | □ ciacige | □ Addition CC (9/99) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition E |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
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| indicated of the corp changed, | ertify that the information supplied w on this report or supplemental report poration or the receiver or trustee an or on an attachment with an address | is true and accurate and that i | my signature shall h t as required by Cha l. | ave the same l pter 607, Flori | legal effect as if made under | oath: that I am an officer | or director 1 |
| SIGNAT | SIGNATURE AND TYPED OF | PRINTED MAME OF SIGNING OFFICE | OR DIRECTOR | circular' | Date | Daytme Phone # | wu d |

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