

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90086 028 ***550.00

DOCUMENT # P99000094050

1. Entity Name
AMG SERVICES, INC.

Principal Place of Business

**2608 61ST ST., EAST
 BRADENTON FL 34208**

Mailing Address

**2608 61ST ST., EAST
 BRADENTON FL 34208**

2. Principal Place of Business

**9022 Sabal Palm Cir
 Suite, Apt. #, etc.**

3. Mailing Address

**9022 Sabal Palm Circle
 Suite, Apt. #, etc.**

City & State
BRADENTON FL

City & State
BRADENTON FL

4. FEI Number **65-0958043**

Applied For
 Not Applicable

Zip
34202

Country
MANATEE

Zip
34202

Country
MANATEE

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

6. Name and Address of Current Registered Agent

**SMALLEY, MIKE
 2608 61ST ST., EAST
 BRADENTON FL 34208**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and fee if applicable

MIKE SMALLEY

8/20/02
 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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **SMALLEY, MIKE**
 STREET ADDRESS **2608 61ST ST E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **V** ☐ Delete
 NAME **SMALLEY, BETH**
 STREET ADDRESS **2608 61ST ST E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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
 NAME
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02
 Date

**941-752-3572
 941-758-4811**
 Distinguishing Number

CR2E034 (4/02)