

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90379 043 ***150.00

0324773

DOCUMENT # P99000104888

1. Entity Name
AMENITY ZONE, INC.

Principal Place of Business
265 SUNRISE AVE., SUITE 204
PALM BEACH FL 33480

Mailing Address
265 SUNRISE AVE., SUITE 204
PALM BEACH FL 33480

C0055508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
703 Lucerne #201

3. Mailing Address
703 Lucerne Ave #201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Worth FL

City & State
Lake Worth FL

4. FEI Number **65-0965259**

Applied For
 Not Applicable

Zip Country
33460 USA

Zip Country
33460 USA

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

MINTMIRE, DONALD F
265 SUNRISE AVE., SUITE 204
PALM BEACH FL 33480

Name **William H. Luckman**
 Street Address (P.O. Box Number is Not Acceptable)
703 Lucerne Avenue
#201
 City **Lake Worth FL** Zip Code **33460**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
 NAME **MINTMIRE, MARK**
 STREET ADDRESS **265 SUNRISE AVE, STE-204**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PTSD** ☐ Change ☒ Addition
 NAME **WILLIAM LUCKMAN**
 STREET ADDRESS **703 LUCERNE #201**
 CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

W. H. Luckman **4/23/01** **561-510-5886**
 Date Daytime Phone #

CR2E034 (10/00)