

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109798

1. Entity Name

AMELIA VIEW, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90376 048 ***150.00

Principal Place of Business

9551 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32256

Mailing Address

9551 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3627040

Applied For:

Not Applicable

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

STOKES, E C JR
9551 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32256

Name

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

City

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP STOKES, E C JR 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV BERGMANN, THOMAS C 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V BRAREN, MICHAEL E 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V WALLACE, L D 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT FREDENHAGEN, SHARON W 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S HICE, SHERRY 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256	☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STOKES, E. CHESTER, JR.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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:

Sherry Hice

Sherry Hice, Secretary

4/16/01

904/739-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)