

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90271 021 ***150.00

DOCUMENT # P99000109798

1. Entity Name

AMELIA VIEW, INC.

Principal Place of Business

4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667

Mailing Address

4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667

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

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

7. Name and Address of New Registered Agent

Name
 STOKES, E. CHESTER, JR.

Street Address (P.O. Box Number is Not Acceptable)
 4315 PABLO OAKS COURT, SUITE 1

City JACKSONVILLE

FL

Zip Code
 32224

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

E. Chester Stokes, Jr.

E. Chester Stokes, Jr.

4/17/02

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

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 STOKES, JR, E. CHESTER
 4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 BERGMANN, THOMAS C
 4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 BRAREN, MICHAEL E
 4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 WALLACE, L D
 4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VT
 FREDENHAGEN, SHARON W
 4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 HICE, SHERRY
 4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE FL 32224-9667 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 KUNKEL, JOHN C.
 4315 PABLO OAKS COURT, SUITE 1
 JACKSONVILLE, FL 32224-9667 ☐ Change ☒ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-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

4/17/02

904/482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)