

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V02538**

1. Entity Name
AMSTERDAM, INC.



Principal Place of Business
**1518 NEW AMSTERDAM WAY
ORLANDO FL 32808**

Mailing Address
**1518 NEW AMSTERDAM WAY
ORLANDO FL 32808**

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

59-3103666

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MARLOWE, CAROLYN S.~~

~~1518 NEW AMSTERDAM WAY
ORLANDO FL 32808~~

Deceased

7. Name and Address of New Registered Agent

Name **Ray J. Marlowe**

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

1518 New Amsterdam Way

City **Orlando**

FL

Zip Code **32818**

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

Ray J. Marlowe pres 1-9-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MARLOWE, CAROLYN S.
1518 NEW AMSTERDAM WAY
ORLANDO FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Ray J. Marlowe
1518 New Amsterdam Way
Orlando FL 32818**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
MARLOWE, ROY J.
1518 NEW AMSTERDAM WAY
ORLANDO FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray J. Marlowe 1-9-03

Date

Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)