

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90674 043 ***150.00

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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARLOWE, CAROLYN S.~~
~~1518 NEW AMSTERDAM WAY~~
~~ORLANDO FL 32808~~ } *Deceased*

Name *Roy 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 *Roy J. Marlowe*
Signature, typed or printed name of registered agent and title if applicable.

Roy J. MARLOWE pres
(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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARLOWE, CAROLYN S. ☒ Delete
STREET ADDRESS 1518 NEW AMSTERDAM WAY
CITY-ST-ZIP ORLANDO FL

TITLE *President*
NAME *Roy J. Marlowe* ☐ Change ☒ Addition
STREET ADDRESS *1518 New Amsterdam Way*
CITY-ST-ZIP *Orlando, FL 32818*

TITLE VD
NAME MARLOWE, ROY J. ☐ Delete
STREET ADDRESS 1518 NEW AMSTERDAM WAY
CITY-ST-ZIP ORLANDO FL

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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

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

Roy J. Marlowe *1-9-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)