

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State
 08-11-2000 90092 010 ***550.00

DOCUMENT # V57473

1. Entity Name
A.A.M. INTERNATIONAL, INC.

Principal Place of Business
 3678 SR 44
 NEW SMYRNA BEACH FL 32168
 US

Mailing Address
 3678 SR 44
 NEW SMYRNA BEACH FL 32168
 US

2. Principal Place of Business
3678 SR 44
 Suite, Apt. #, etc.

3. Mailing Address
SAMPLE
 Suite, Apt. #, etc.

City & State
New Smyrna Beach, FL

City & State

4. FEI Number **59-3141164**

Applied For
 Not Applicable

Zip **32168** Country **USA**

Zip Country

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

JACOBSON, RICHARD A
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

Name

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

City

FL

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 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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-ST-ZIP
PSTD
COX, BEN
3678 SR 44
NEW SMYRNA BEACH FL

☐ Delete

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

TITLE
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 CITY-ST-ZIP
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JACOBSON, RICHARD A.
501 E KENNEDY BLVD 1700
TAMPA FL

☐ Delete

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☐ 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:

SIGNATURE REQUIRED 7/31/00
RICHARD JACOBSON

Date

Daytime Phone #

813 222 1159

CR2E034 (5/00)