

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90126 001 ***150.00
 04-19-2000 90126 002 *****8.75

DOCUMENT # 570027

1. Entity Name

AMES ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5891 SOUTH MILITARY TR.
 S-5A
 LAKE WORTH FL 33463
 US

5891 SOUTH MILITARY TR.
 S-5A
 LAKE WORTH FL 33463-6972
 US

2. Principal Place of Business

3. Mailing Address

617 SUNSET RD
 Suite, Apt. #, etc.

617 SUNSET RD
 Suite, Apt. #, etc.

City & State

City & State

WEST PALM BCH

WEST PALM BCH

Zip

Country

Zip

Country

33401

33401

4. FEI Number

59-2006311

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

ANYZESKI, ALFRED
305 WESTMINISTER RD.
WEST PALM BEACH FL 33405

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

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

(NOTE: Registered Agent signature required when reinstating)

3-30-00

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VP ANYZESKI, ALFRED R		NAME	
STREET ADDRESS 617 SUNSET ROAD		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33463		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>GARY ROBERT ANYZESKI</i>		NAME	
STREET ADDRESS <i>617 SUNSET RD</i>		STREET ADDRESS	
CITY-ST-ZIP <i>WEST PALM BEACH FL 33401</i>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Alfred R. Anyzeski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3-30-00

DAYTIME PHONE #

(561) 835 9011

CR2E034 (9/99)