

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000001138**

FILED

00 JUN 21 AM 9:55

1. Entity Name
A.M.E. Services Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
*23 Barreca St.
NORCO, LA 70079*

Mailing Address
*P.O. Box 397
NORCO, LA 70079*

2. Principal Place of Business
23 Barreca St.

3. Mailing Address
23 Barreca St

Suite, Apt. #, etc.

City & State
NORCO LA

City & State
NORCO LA

Zip
70079

Country
USA

Zip
70079

Country
USA

4. FEI Number
72-1297872

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
*Arthur Smith
118 Ferry Road NE
Fort Walton Beach, Florida 32548*

7. Name and Address of New Registered Agent

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 *Arthur Smith* *V-P* DATE *6/14/2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <i>President</i>	<input type="checkbox"/> Delete
NAME <i>Burnell Moliere</i>	
STREET ADDRESS <i>500 Ormond Blvd.</i>	
CITY-ST-ZIP <i>Destrehan, LA 70079</i>	
TITLE <i>Vice President</i>	<input type="checkbox"/> Delete
NAME <i>Edward Chatman</i>	
STREET ADDRESS <i>7 Rosedown Lane</i>	
CITY-ST-ZIP <i>Destrehan, LA 70079</i>	
TITLE <i>Treasurer / Secretary</i>	<input type="checkbox"/> Delete
NAME <i>Herman Weston</i>	
STREET ADDRESS <i>265 Villere Dr.</i>	
CITY-ST-ZIP <i>Destrehan, LA 70079</i>	
TITLE <i>Vice President - Operations</i>	<input type="checkbox"/> Delete
NAME <i>Arthur Smith</i>	
STREET ADDRESS <i>118 Ferry Road NE</i>	
CITY-ST-ZIP <i>Fort Walton Beach, Florida 32548</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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***150.00 ***150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)