

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F990000001138**

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

FILED

00 JUN 21 AM 9:55

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**23 Barreca St.**

3. Mailing Address  
**23 Barreca St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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**

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** **6/14/2000**

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 \$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 **President** ☐ Delete

NAME **Burnell Moliere**

STREET ADDRESS **500 Ormond Blvd.**

CITY-ST-ZIP **Destrehan, LA 70079**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **Vice President** ☐ Delete

NAME **Edward Chatman**

STREET ADDRESS **7 Rosedown Lane**

CITY-ST-ZIP **Destrehan, LA 70079**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

**200003349602-5**  
**-08/08/00--01070--004**  
**\*\*\*150.00 \*\*\*150.00**

TITLE **Treasurer / Secretary** ☐ Delete

NAME **Herman Weston**

STREET ADDRESS **265 Villere Dr.**

CITY-ST-ZIP **Destrehan, LA 70079**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **Vice President - Operations** ☐ Delete

NAME **Arthur Smith**

STREET ADDRESS **118 Ferry Road NE**

CITY-ST-ZIP **Fort Walton Beach, Florida 32548**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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)