2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # F990000 1138 v 04-19-2001 90327 011 ***158.75 A.M.E. Services Inc. Principal Place of Business Mailing Address C0049790 2. Principal Place of Business 3. Mailing Address 397 Barreca Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 72-1297872 NORCO LA NORCO Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHur Street Address (P.O. Box Number is Not Acceptable) Zin Code 48 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. (NOTE: Registered Agent signature required when reinstating) typed or printed name of registr 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election.Campaign.Financing \$5.00-May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESident ☐ Delete TITLE TITLE Change Addition Moliere NAME NAME 500 Ormand Blud. STREET ADDRESS STREET ADDRESS Destrehan, LA 700 CITY-ST-ZIP CITY-ST-7IP Addition President ☐ Delete TITLE ☐ Change TITLE NAME Chatman NAME STREET ADDRESS STREET ADDRESS Destrehan, LA 70079 CITY-ST-7IP CITY-ST-ZIP Secretary / Treasurer ☐ Change Addition ☐ Delete TITLE TITLE Weston Herman NAME NAME Vi Uere STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Destrehan, LA Vice President TITLE ☐ Delete TITI E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR