

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 15, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # G71752**

1. Entity Name  
 AM/PM SERVICE GROUP, INC.

Principal Place of Business 378 INTERSTATE CT  SARASOTA FL 34240 US	Mailing Address 378 INTERSTATE CT  SARASOTA FL 34240 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number **59-2357038**  
 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  
 EVANS JAMES M  
 378 INTERSTATE CT  
 SARASOTA FL 34240 US

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 \_\_\_\_\_ DATE **02/15/2001**  
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, 2001 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	D	<input type="checkbox"/> Delete
NAME	EVANS VIVIANNE C	
STREET ADDRESS	378 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EVANS JON C	
STREET ADDRESS	378 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVANS, JAMES C.	
STREET ADDRESS	378 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	EVANS JAMES M	
STREET ADDRESS	378 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS JAMES C	
STREET ADDRESS	378 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS JAMES M	
STREET ADDRESS	378 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL	
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		

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: JAMES M. EVANS VP Date 02/15/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)