

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552453

1. Entity Name

AMERICAN HOME SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90015 036 ***150.00

Principal Place of Business

4903 ST RD 54
 N. P. R. FL 34652
 US

Mailing Address

4903 ST RD 54
 N. P. R. FL 34652-5902
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1777502

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

L'HEUREUX, GERARD
 4903 ST RD 54
 N. P. R. FL 34652

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	L HEUREUX, GERARD	
STREET ADDRESS	4903 ST RD 54	
CITY-ST-ZIP	N. P. R. FL	
TITLE	FRANCIS WIECZOREK	<input type="checkbox"/> Delete
NAME	3330 WINFIELD DR. DIRECTOR	
STREET ADDRESS	HOLIDAY, FL. 34691	
CITY-ST-ZIP		
TITLE	MICHAEL L'HEUREUX	<input type="checkbox"/> Delete
NAME	4903 ST RD 54 V.P.	
STREET ADDRESS	N.P.R. FL. 34652 + DIRECTOR	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS WIECZOREK	
STREET ADDRESS	3330 WINFIELD DR.	
CITY-ST-ZIP	HOLIDAY, FL. 34691	
TITLE	V.P. + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL L'HEUREUX	
STREET ADDRESS	4903 ST RD 54	
CITY-ST-ZIP	N.P.R. FL. 34652	
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		

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 #

4-19-00 727-849-0223

CR2E034 (9/99)