

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90004 031 ***150.00

DOCUMENT # G38813

1. Entity Name
FAMOUS AMOS SERVICE CORPORATION, INC.

Principal Place of Business
% THEODORE R. WATERBURY
2765 CLYDO RD.
JACKSONVILLE FL 32207

Mailing Address
% THEODORE R. WATERBURY
2765 CLYDO RD.
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
% B. Kenneth Rigdon

3. Mailing Address
% B. Kenneth Rigdon

Suite, Apt. #, etc.
2765 Clydo Rd

Suite, Apt. #, etc.
2765 Clydo Rd.

City & State
Jax, FL

City & State
Jax, FL

4. FEI Number **59-1668633**
 Applied For ☐
 Not Applicable ☒

Zip Country
32207 Duval

Zip Country
32207 Duval

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

6. Name and Address of Current Registered Agent

RIGDON, B. KENNETH
2765 CLYDO ROAD
JACKSONVILLE FL 32207

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 *B. Kenneth Rigdon* **B. Kenneth Rigdon President** 1-15-02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO MOISE, EDNA J. 2675 CLYDO RD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Rigdon RIGDON, B. KENNETH 2675 CLYDO RD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rene L. Simmons 2765 Clydo Rd Jax, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *B. Kenneth Rigdon* **B. Kenneth Rigdon** 1-15-02 9047313396
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)