2000 UNIFORM BUSINESS REPORT (UBR)

FILED

1. Entity Nam	MENT # G64923 AN SERVICES OF AMERICA,	INC.			2000 8:0 ry of Sta 00021 005 ***150	ıte
Principal Plac	e of Business	Mailing Address				
2727 CLYDE RD		2727 CLYDE RD				
JACKSONVILLE FL 32207		#12 JACKSONVILLE FL 32207-1711 US				
2. Principal Place of Business		3. Mailing Address	······································			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE	E IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2328199		oplied For ot Applicable
Zip	Country	Zip!	Country	5. Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Re	gistered Agent	
MCCULLOUGH, M.E. 4122 CLEARWATER LANE JACKSONVILLE FL 32223				Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Cod	e
Tax filing i	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOV After MAY 1, 2 Make Check Pays	OTE: Registered Agent signature requiversity: V!!! FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of S	10. Election Campaign Fina Trust Fund Contribution		May Be
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFI		
NAME STREET ADDRESS CITY-ST-ZIP	DP MCCULLOUGH, M E 4122 CLEARWATER LANE JACKSONVILLE, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Daddition Day
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCULLOUGH, CATHY 4122 CLEARWATER LANE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition C
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 4 440 07/0V: 5 4 4 5 4 4 5 4 4 6 4 4 4 4 4 4 4 4 4 4	☐ Change	Addition

indicated on trils report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: