

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90046 040 ***150.00

DOCUMENT # J97138

1. Entity Name

AMERICAN UNDERGROUND SERVICES, INC.



Principal Place of Business

1517 SW DYCUS AVE
PORT ST. LUCIE FL 34953
US

Mailing Address

1517 SW DYCUS AVE
PORT ST. LUCIE FL 34953
US



2. Principal Place of Business

340 SW Beachway AVE
Suite, Apt. #, etc.

3. Mailing Address

340 SW Beachway AVE
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Palm City, FL

City & State

Palm City FL

4. FEI Number

65-0038785

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPADONI, MARK I.
1517 SW DYCUS AVE
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name MARK SPADONI

Street Address (P.O. Box Number is Not Acceptable)

340 SW Beachway AVE

City

Palm City

FL

Zip Code

34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARK SPADONI

2-8-06

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPADONI, MARK I.	
STREET ADDRESS	1517 SW DYCUS AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPADONI, SHEAREEN L.	
STREET ADDRESS	1517 SW DYCUS AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK SPADONI	
STREET ADDRESS	340 SW Beachway AVE	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAREEN SPADONI	
STREET ADDRESS	340 SW Beachway AVE	
CITY-ST-ZIP	Palm City, FL 34990	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK SPADONI

MARK SPADONI

2-8-06

(77) 781-5286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #