

AMENDED

UNIFORM BUSINESS REPORT (UBR)

05-23-2001 91182 032 ****61.25

DOCUMENT # L57990

1. Entity Name

American Site & Utilities Inc.

FILED L57990
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 AM 8:13

C0069919

Principal Place of Business Mailing Address
10952 W Beaver St 10952 W Beaver St
Jacksonville, FL 32220 Jacksonville, FL 32220

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2998380 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Hickman, Richard L.
110952 W Beaver St
Jacksonville, FL 32220
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
10952 W Beaver St
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 *Richard L. Hickman* (NOTE: Registered Agent signature required when re-registering) DATE 5-18-2001

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐ 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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Hickman, Richard L.		NAME		
STREET ADDRESS	10952 W Beaver St		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32220		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	VD	☐ Change ☒ Addition
NAME			NAME	Spooner, Jimmy	
STREET ADDRESS			STREET ADDRESS	921 Halsema Road South	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Richard L. Hickman* Richard L. Hickman, President 5-18-2001 904-378-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #

CR2ED34 (11/00)

6/1/01