

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000128

1. Entity Name

AMS COMPANY, L.C.

FILED

00 FEB -4 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4400 MOBILE HWY
PENSACOLA FL 32506

Mailing Address

4400 MOBILE HWY
PENSACOLA FL 32506-4210

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAF, ALBERT C
4400 MOBILE HWY
PENSACOLA FL 32506

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE M ☐ Delete
NAME GRAF, ALBERT C
STREET ADDRESS 4400 MOBILE HWY
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Delete
NAME ☐ Change ☐ Delete
STREET ADDRESS 000003128170
CITY-ST-ZIP 02/08/00--01121--026

TITLE M ☐ Delete
NAME GRAF, SUSAN F
STREET ADDRESS 4400 MOBILE HWY
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Delete
NAME ☐ Change ☐ Delete
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

TITLE M ☐ Delete
NAME ALBERT C. GRAF, AS TRUSTEE OF MICHAEL C. G
STREET ADDRESS 4400 MOBILE HWY
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Delete
NAME ☐ Change ☐ Delete
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-21-00 850-456-5111