

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90019 041 \*\*\*558.75

DOCUMENT # P00000112026

1. Entity Name  
 American Municipal Sweeping Corp  
 608 Hitchcock  
 Plant City, FL 33566

Principal Place of Business  
 608 Hitchcock  
 Plant City, FL 33566

Mailing Address  
 Same

2. Principal Place of Business  
 608 Hitchcock

3. Mailing Address  
 Same

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State  
 Plant City, Florida

City & State

4. FEI Number  
 65-1061912

Applied For  
 Not Applicable

Zip  
 33566

Country  
 USA

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

Jennifer F Wojtas  
 1020 Breyman Hwy  
 Tipton, MI 49237

7. Name and Address of New Registered Agent

Name: Tom Ambrose  
 Street Address (P.O. Box Number is Not Acceptable)  
 608 Hitchcock  
 City: Plant City FL Zip Code: 33566

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  Tom Ambrose President CEO

June 1, 2001

(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, 2001 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: President CEO  
 NAME: Tom Ambrose  
 STREET ADDRESS: 608 Hitchcock  
 CITY-ST-ZIP: Plant City, FL 33566 ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ 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 empowers.

SIGNATURE:  Tom Ambrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

6/1/01

Date

813-754-7499

Daytime Phone #

CR2E034 (1/1/00)