

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-18-2003 9:07:04 *****8:75
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DOCUMENT # P02000009221

1. Entity Name
AMERICAN SOLUTIONS AND SERVICES, INC.



03 AUG 26 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55053103



Principal Place of Business
3501 WEST VINE STREET
SUITE 329
KISSIMMEE FL 34741

Mailing Address
3501 WEST VINE STREET
SUITE 329
KISSIMMEE FL 34741

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt., etc.

Suite, Apt., etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

01-0603055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDO, NINOSKA C
3501 WEST VINE STREET
SUITE 329
KISSIMMEE FL 34741

Name NINOSKA C. Lindo

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

Same as above

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/24/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	PD	<input type="checkbox"/> Delete
NAME	SIFONTES, NICOLAS R	
STREET ADDRESS	480 HOLBORN LOOP	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LINDO, NINOSKA C	
STREET ADDRESS	480 HOLBORN LOOP	
CITY-ST-ZIP	DAVENPORT FL 33897	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/24/03

CR2E034 (4/03)