

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-07-2003 90122 025 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000087310

1. Entity Name
AMERICAN ELEVATOR INSPECTION SERVICE, INC.



Principal Place of Business
911 N.E. 58TH ST.
FT. LAUDERDALE FL 33334

Mailing Address
~~1001 RIVERPLACE BLVD., STE. 2450~~
~~RIVERPLACE TOWER~~
~~JACKSONVILLE FL 32207-9047~~

55054557

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

911 N.E. 58th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

90-0044828

Applied For

Not Applicable

Zip

Country

Zip

Country

33334

USA

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

~~ANSBACHER & MOKEEL, P.A.~~

~~1001 RIVERPLACE BLVD., STE. 2450~~

~~JACKSONVILLE FL 32207-9047~~

Name

Don L. Wiggers

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

911 N.E. 58th Street

City

Ft. Lauderdale

FL

Zip Code

33334

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

8-4-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WIGGERS, DON L
911 N.E. 58TH ST.
FT. LAUDERDALE FL 33334

☐ Delete

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/03 9549376100
Date Daytime Phone #

CR2E034 (4/03)