

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90182 019 \*\*\*150.00

006722 AV

**DOCUMENT # P02000088102**

**1. Entity Name**  
**A M S CONSULTANTS INC.**



**Principal Place of Business**  
**10339 DOBELL RD.**  
**JACKSONVILLE FL 32246**

**Mailing Address**  
**10339 DOBELL RD.**  
**JACKSONVILLE FL 32246**

**2. Principal Place of Business**

**10339 Dobell Rd**  
Suite, Apt. #, etc.

**3. Mailing Address**

**10339 Dobell Rd**  
Suite, Apt. #, etc.

**City & State**

**Jacksonville, FL**

**City & State**

**Jacksonville, FL**

**Zip**  
**32246**

**Country**

**Zip**

**32246**

**Country**

**4. FEI Number**

**383105751014**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**BALCER, HENRY W**  
**10339 DOBELL RD.**  
**JACKSONVILLE FL 32246**

**7. Name and Address of New Registered Agent**

**Name**

**Henry Balcer**

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

**10339 Dobell Rd**

**City**

**Jacksonville**

**FL**

**Zip Code**

**32246**

**8. The above named entity submits this statement for the purpose of changing its registered officer 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**

**4/4/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 ☐ Delete  
**NAME** BALCER, HENRY W  
**STREET ADDRESS** 10339 DOBELL RD.  
**CITY-ST-ZIP** JACKSONVILLE FL 32246

**TITLE** VPD ☐ Delete  
**NAME** KARNIK, KAMIL  
**STREET ADDRESS** 10339 DOBELL RD.  
**CITY-ST-ZIP** JACKSONVILLE FL 32246

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

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

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)