

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90129 049 ***150.00

DOCUMENT # P93000081164

1. Entity Name
AMS ENGINEERING AND ENVIRONMENTAL, INC.

| | |
|---|--|
| Principal Place of Business 1205 ELIZABETH ST SUITE I PUNTA GORDA FL 33950 US | Mailing Address 1205 ELIZABETH ST SUITE I PUNTA GORDA FL 33950-6054 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 204 East McKenzie Street Suite, Apt. #, etc. Suite F City & State Punta Gorda, FL | 3. Mailing Address 204 East McKenzie Street Suite, Apt. #, etc. Suite F City & State Punta Gorda, FL |
|---|---|

| | |
|-----------------------------|--|
| 4. FEI Number 65-0451827 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | | | |
|--------------|-------------------|--------------|-------------------|
| Zip 33950 | Country U.S.A. | Zip 33950 | Country U.S.A. |
|--------------|-------------------|--------------|-------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MORRIS, NIGEL E
9175 STRASSE BOULEVARD
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | V SELLERS, R QUINCE 5327 BARLOW TERR NORTH PORT FL 34287 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRIMM, JOHN M 1186-B RIO DE JANEIRO AVE PUNTA GORDA FL 33983 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MORRIS, NIGEL E 9175 STRASSE BOULEVARD PUNTA GORDA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RICE, MARYJUNE W 2470 S.W. CHARLOTTE ST. ARCADIA FL 34266 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT GATES, LELAND C 5301 CYPRESS GROVE CIRCLE PUNTA GORDA FL 33982 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Hardin, J. Dale 4289 Mariner Way Fort Myers, FL 33919 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Morris, Nigel E 9175 Strasse Boulevard Punta Gorda, FL 33982 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: N.E. MORRIS, PRESIDENT Date: 2/11/00 Daytime Phone #: 941 575 2500

CR2E034 (9/99)