

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90168 027 ***150.00

DOCUMENT # P93000081164
 1. Entity Name
AMS ENGINEERING AND ENVIRONMENTAL, INC.

Principal Place of Business 204 MCKENZIE STREET SUITE F PUNTA GORDA FL 33950 US	Mailing Address 204 MCKENZIE STREET SUITE F PUNTA GORDA FL 33950 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0451827	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
State 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 reinstalling) 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	V	<input type="checkbox"/> Delete
NAME	SELLERS, R QUINCE	
STREET ADDRESS	5327 BARLOW TERR	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARDIN, J. DALE	
STREET ADDRESS	4289 MARINER WAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORRIS, NIGEL E	
STREET ADDRESS	9175 STRASSE BOULEVARD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICE, MARYJUNE W	
STREET ADDRESS	2470 S.W. CHARLOTTE ST.	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GATES, LELAND C	
STREET ADDRESS	5301 CYPRESS GROVE CIRCLE	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, MICHAEL W	
STREET ADDRESS	2349 0 DAWN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Nigel Morris **N. E. MORRIS, PRESIDENT** 4/19/01 94575 2500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)