

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90023 002 ***150.00

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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
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00048333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0451827		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MORRIS, NIGEL E 9175 STRASSE BOULEVARD PUNTA GORDA FL 33982				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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELLERS, R QUINCE			NAME			
STREET ADDRESS	5327 BARLOW TERR			STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT FL 34287			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDIN, J. DALE			NAME			
STREET ADDRESS	4289 MARINER WAY			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33919			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRIS, NIGEL E			NAME			
STREET ADDRESS	9175 STRASSE BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33982			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	VS	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JONES, MICHAEL W			NAME			
STREET ADDRESS	2349 B DAWN AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33954			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GATES, LELAND C			NAME			
STREET ADDRESS	5301 CYPRESS GROVE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33982			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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* **SIGNATURE REQUIRED** 3/12/02 941 5762500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)