

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90059 050 \*\*\*158.75

**DOCUMENT # P94000006374**

1. Entity Name

**AMR SERVICES, INC.**

Principal Place of Business

**8048 S LAKE DR  
 WEST PALM BEACH FL 33406  
 US**

Mailing Address

**8048 S LAKE DR  
 WEST PALM BEACH FL 39564-4000  
 US**

2. Principal Place of Business

**7641 S Dixie Hwy  
 Suite Apt. #, etc.  
 Pm B 224**

3. Mailing Address

**7641 S Dixie Hwy  
 Suite Apt. #, etc.  
 Pm B 224**

City & State

**West Palm Beach FL**

City & State

**West Palm Beach FL**

Zip

**33405**

Country

**USA**

Zip

**33405**

Country

**USA**

6. Name and Address of Current Registered Agent

**RUSO, CHARLES J  
 8048 S LAKE DR  
 WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name

**CHARLES J Russo**

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

**1820 N 17th Ct**

City

**LAKE WORTH**

FL

Zip Code

**33460**

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

*[Signature]*

**CHARLES J Russo**

**1-17-00**

Signature, type or printed name of registered agent and title if applicable.

(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	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>RUSO, CHARLES J</b>	
STREET ADDRESS	<b>8048 S LAKE DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> Delete
NAME	<b>RUSO, JEAN D</b>	
STREET ADDRESS	<b>8048 S LAKE DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

*[Signature]* **CHARLES J Russo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-00**

Date

**561 493 1135**

Daytime Phone #

CR2E034 (9/99)