

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90024 003 ***158.75

DOCUMENT # P94000006374

1. Entity Name

AMR SERVICES, INC.

Principal Place of Business

7641 S DIXIE HWY
PMB 224
WEST PALM BEACH FL 33405
US

Mailing Address

7641 S DIXIE HWY
PMB 224
WEST PALM BEACH FL 33405
US

2. Principal Place of Business

5007 SKYLARK CT
Suite, Apt. #, etc.

3. Mailing Address

5007 SKYLARK CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

65-0471046

Applied For

Not Applicable

Zip

32505

Country

Escambia

Zip

32505

Country

Escambia

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, CHARLES J
1820 N 17TH CTN
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name Charles J. Russo

Street Address (P.O. Box Number is Not Acceptable)
5007 Skylark Ct

City Pensacola

FL

Zip Code 32505

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PDT RUSSO, CHARLES J 8048 S LAKE DR WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS RUSSO, JEAN D 8048 S LAKE DR WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	PDT Russo, Charles J 5007 Skylark Ct Pensacola FL 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS Russo, Jean D 5007 Skylark Ct Pensacola FL 32505	<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-01

Date

8504768441

Daytime Phone #

CR2E034 (10/00)