

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91149 017 ***158.75

DOCUMENT # *P94000006374*

1. Entity Name
AM R SERVICES, INC

DO NOT WRITE IN THIS SPACE

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

65-0471096

Applied For

Not Applicable

Zip

32505

Country

ESCAMBIA

Zip

32505

Country

ESCAMBIA

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Charles J. Russo

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

5007 SKYLARK CT

City

PENSACOLA

FL

Zip Code

32505

**DO NOT WRITE
IN THIS SPACE**

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

Charles J. Russo *4/25/02*

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

CHARLES J. Russo
PRES, TREAS - C
5007 SKYLARK CT
PENSACOLA FL 32505

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

JEAN D. Russo
SEC/V
5007 SKYLARK CT
PENSACOLA FL 32505

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02

Daytime Phone #

850 476-8441

CR2E034B (12/01)