2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jan 16, 2002 8:00 am Secretary of State P98000015607 DOCUMENT # 1. Entity Name 01-16-2002 90080 010 ***150.00 AMERICAN METERING SERVICES, INC. Principal Place of Business Mailing Address 908-40TH AVE W 7808 301 RIVD **BRADENTON FL 34205** SARASOTA FL 34243 3. Mailing Address 2. Principal Place of Business 7608 301 BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0822585 Not Applicable Country Zip Country \$8.75 Additional U.S.A 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUNN, FRED SR Street Address (P.O. Box Number is Not Acceptable) 908-40TH AVE W **BRADENTON FL 34205** Zip Code City 8. The above named entity subplies 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE TITLE ☐ Delete NAME MUNN, FREDERICK J NAME STREET ADDRESS 908 40TH AVE. W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME MESSNER, GERALD R NAME STREET ADDRESS STREET ADDRESS 6261 TIMBERLAKE DR. #F3 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete TITLE Change ☐ Addition TITLE ST NAME NAME MUNN, FREDERICK J STREET ADDRESS STREET ADDRESS 911 40TH AVE. W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED