## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # P98000041501 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** AMB ACCOUNTING SERVICES, INC. 01-19-2000 90021 007 \*\*\*150.00 Principal Place of Business Mailing Address 18 GREAT OAK DRIVE 18 GREAT OAK DRIVE FOUTLAND PARK FL 34731 FRUITLAND PARK FL 34731-6416 2. Principal Place of Business 3. Mailing Address 12691 NW 8576 AVE 12691 NW 85Th AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3508802 CHIEFLAND CHIEFLAND Not Applicable \$8.75 Additional 5. Certificate of Status Desired USAFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HRTHUR M BOWKER, LORRIS M Box Number is Not Acceptable) 18 GREAT OAK DRIVE FRUITLAND PARK FL 34731 Zip Code 32626 CHIEFLAND 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 OTE: 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, 2000 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 12. 11. TITLE ☐ Change Addition TITLE Delete BOWKER, MELISSA BOWKER, LORRIS M NAME 12691 NW 85Th AVE STREET ADDRESS 18 GREAT OAK DRIVE STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP CHIEFIAND, FL 32626 DTS TITLE TITLE Change Addition ☐ Delete BOWKER, ARTHUR M NAME NAME BOWKER ARTHUR M STREET ADDRESS 18 GREAT OAK DRIVE STREET ADDRESS 12691 NW 85Th AVE CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/2500 352-493-4923 Daylime Phone #