

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**  
 03-04-2000 90033 009 \*\*\*150.00

**DOCUMENT # P98000069811**

1. Entity Name

**AME YACHT SERVICES, INC.**

Principal Place of Business

Mailing Address

17304 NW 10TH STREET  
 PINES FL 33029

17304 NW 10TH STREET  
 PEMBROKE PINES FL 33029-3115

AUUGbZqZ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17304 N.W 10TH STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

City & State

Zip

Country

4. FEI Number

65-0854211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ACKERMANS, HANS C  
 17304 NW 10TH STREET  
 PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name **ACKERMANS HANS.C**

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

17304 N.W 10TH STREET

City **PEMBROKE PINES**

**FL**

Zip Code

33029

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, typed 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 **P** ☐ Delete  
 NAME **ACKERMANS, HANS C**  
 STREET ADDRESS **17304 NW 10TH ST.**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**HANS C. ACKERMANS 02-27-00**

**954 2059606**

CR2E034 (9/99)