# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90060 043 ***150.00

0052383

DOCUMENT # F21416

1. Entity Name
AMERICAN RESOURCE SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5090 PARKRIDGE CT<br>OVIEDO FL 32765 | 5090 PARKRIDGE CT<br>OVIEDO FL 32765 |

A00422558

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1755 CEDAR HILL ROAD | 1755 CEDAR HILL ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: LANCASTER, OH | City & State: LANCASTER, OH |
| Zip: 43130 / Country: | Zip: 43130 / Country: |

4. FEI Number 59-2066689 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILLIAMS, WAYNE M<br>5090 PARKRIDGE CT<br>OVIEDO FL 32765 | Name: ~~M. WAYNE WILLIAMS~~ STUART A. MEIKLE<br>Street Address (P.O. Box Number is Not Acceptable): 3291 LAKE ANDERSON AVE.<br>City: ORLANDO FL Zip Code: 32812 |

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 STUART A. MEIKLE — Stuart A. Meikle — 4/1/01
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, 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | P ☐ Delete | TITLE | P ☒ Change ☐ Addition |
| NAME | WILLIAMS, M WAYNE | NAME | WILLIAMS, M WAYNE |
| STREET ADDRESS | 5090 PARKRIDGE CT | STREET ADDRESS | 1755 CEDAR HILL ROAD |
| CITY-ST-ZIP | OVIEDO FL | CITY-ST-ZIP | LANCASTER, OH 43130 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** M. WAYNE WILLIAMS — M. Wayne Williams (Pres) — 3/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)