

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90119 048 \*\*\*150.00

**DOCUMENT # S81478**

1. Entity Name  
**AMERICAN MICRO SALES, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>1140 HOLLAND DRIVE<br>UNIT 6<br>BOCA RATON FL 33487<br>US | Mailing Address<br>1140 HOLLAND DRIVE<br>UNIT 6<br>BOCA RATON FL 33426-6395<br>US |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>2240 WOODBRIGHT RD</b><br>Suite, Apt. #, etc.<br><b>S 342</b> | 3. Mailing Address<br><b>2240 WOODBRIGHT RD</b><br>Suite, Apt. #, etc.<br><b>342</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |  |   |
|--|--|--|---|
| City & State<br><b>BOCA RATON BEACH FL</b> | City & State<br><b>BOCA RATON BEACH FL</b> | 4. FEI Number<br><b>65-0303187</b>                           | Applied For<br><input type="checkbox"/> |
| Zip<br><b>33426</b>                        | Country<br><b>USA</b>                      | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>COOMBS, WILLIAM N<br/>1140 HOLLAND DRIVE<br/>UNIT 6<br/>BOCA RATON FL 33487</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>COOMBS WILLIAM N</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>22 WINDSOR LANE</b><br>City<br><b>PALM BEACH GARDENS</b> <b>FL</b> Zip Code<br><b>33410</b> |
|---|--|

8. The above named entity supports 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>COOMBS, WILLIAM N.<br/>22 WINDSOR LANE<br/>PALM BEACH GARDENS FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HUFFMAN, DAN<br/>2240 LONGE COVE CT.<br/>OVIEDO FL 32765</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 enclosure with all other like empowered.

SIGNATURE: **COOMBS** JAN 11 2000 561 742 1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)