

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81478

1. Entity Name

AMERICAN MICRO SALES, INC.

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

01-19-2000 90119 048 ***150.00

Principal Place of Business

Mailing Address

1140 HOLLAND DRIVE
UNIT 6
BOCA RATON FL 33487
US

1140 HOLLAND DRIVE
UNIT 6
BOCA RATON FL 33426-6395
US

2. Principal Place of Business

3. Mailing Address

2240 WOODBRIGHT RD
Suite, Apt. #, etc.
S 342

2240 WOODBRIGHT RD
Suite, Apt. #, etc.
342



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON BEACH FL
Zip
33426
Country
USA

City & State
BOCA RATON BEACH FL
Zip
33426
Country
USA

4. FEI Number 65-0303187

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

COOMBS, WILLIAM N
1140 HOLLAND DRIVE
UNIT 6
BOCA RATON FL 33487

Name
COOMBS WILLIAM N
Street Address (P.O. Box Number is Not Acceptable)
22 WINDSOR LANE
City
PALM BEACH GARDENS FL
Zip Code
33418

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	COOMBS, WILLIAM N.	
STREET ADDRESS	22 WINDSOR LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUFFMAN, DAN	
STREET ADDRESS	2240 LONGE COVE CT.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)