

# 2001-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90098 047 \*\*\*150.00

**DOCUMENT # 848621**

1. Entity Name  
**AMERICAN INSTANTS, INC.**

Principal Place of Business <b>117 BARTLEY FLANDERS RD          P.O. BOX 536          FLANDERS NJ 07836          US</b>	Mailing Address <b>P.O. BOX 817          P.O. BOX 536          FLANDERS NJ 07836          US</b>
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>22-1670383</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCHNER, MITCHELL B.  
 C/O DILWORTH, PAXSON, KALISH, KAUFFMAN & TYLAND  
 SUITE 700, 150 E. PALMETTO PARK ROAD  
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ROCHE, THOMAS J., JR. 7 SUMMIT RD. BROOKSIDE NJ</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROCHE, CHRISTOPHER T. 7 SUMMIT RD. BROOKSIDE NJ</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ROCHE, VERA T. 7 SUMMIT RD. BROOKSIDE NJ</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Thomas J. Roche DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)