

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90001 012 ***550.00

DOCUMENT # F93000002780

1. Entity Name
**AMERICAN CONSUMER PRODUCTS,
D/B/A BOSS MANUFACTURING HOLDINGS, INC.**

DO NOT WRITE IN THIS SPACE

54069939

2. Principal Place of Business 221 W. FIRST ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State KEWANEE, IL	City & State	4. FEI Number 34-1376833	Applied For Not Applicable
Zip 61443	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT CORPORATION SYSTEM**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD
City **PLANTATION** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP CFO LANCASTER, J. B. 221 W. FIRST ST KEWANEE, IL 61443	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP CS WILLIAMS, BEVERLY J. 221 W. FIRST ST. KEWANEE, IL 61443	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly J. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04 309/852-2131
Date Daytime Phone #

Attachment

54069539
F93000002780

Change of Address or Business Name

Complete this form, sign it, and mail it with your tax return if:

- the address below is not correct
- the business location changes within the same county
- the business name changes

If you move your business location to another county or you have a change of legal entity, you must register online or complete and mail a new *Application to Collect and/or Report Tax in Florida* (Form DR-1). To register, see Resources in the instructions, contact your local Department of Revenue Service Center, or call Taxpayer Services (see outside back cover). If you are closing or selling your business or have a change in legal entity, complete the form on the reverse side.

FEIN or Entity 34-1376833
Or SSN Owner _____
SSN Spouse _____
New Business Location _____
Location City _____ State _____ Zip _____
Business Telephone _____ County _____
New In Care of _____
Address Mailing Address _____
City _____ State _____ Zip _____
Owner's Telephone _____ County _____

New Business Name BOSS MANUFACTURING HOLDINGS, INC



Signature of Taxpayer (Required)

Date

(DETACH HERE)

Attachment

CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF

54069937^{RIA2}
F93000002780

AMERICAN CONSUMER PRODUCTS INC

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

BOSS MANUFACTURING HOLDINGS INC

Beverly Williams

(Signature of a General Partner)

BEVERLEY WILLIAMS

(Typed or printed name of General Partner signing above)

STATE OF ILLINOIS

COUNTY OF HENRY

On this 14th day of March, 19 2001,
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Mary Lepianka

(Notary Public Signature)

Mary Lepianka

(Notary's Printed Name)

Seal



My Commission Expires: July 21 2002