

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G96311

1. Entity Name

AMERICAN SEA PRODUCTS, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90027 002 ***150.00

Principal Place of Business

Mailing Address

% HELMUTH H. RICHARTZ

% HELMUTH H. RICHARTZ

3637 4TH STREET N. SUITE 395

3637 4TH STREET N. SUITE 395

ST. PETERSBURG FL 33704

ST. PETERSBURG FL 33704-1337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

603 1ST AVE SOUTH

P.O. BOX 58312

City & State

City & State

TIERRA VERDE FL.

ST. PETERSBURG FL.

Zip

Zip

33715

33715

Country

Country

PINELLAS

PINELLAS

4. FEI Number

59-2394791

Applied For

Not Applied

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

RICHARTZ, HELMUTH H.
3687 4TH ST. NORTH SUITE 395
ST. PETERSBURG FL 33704

Name

RICHARTZ, HELMUTH H.

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

603 1ST AVE SOUTH

TIERRA VERDE FL. 33715

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

H.H. RICHARTZ
H.H. RICHARTZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

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 PD
NAME RICHARTZ, HELMUTH H.
STREET ADDRESS 3000 34TH ST. #J
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE:

H.H. RICHARTZ
H.H. RICHARTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 727-822-4992