

2001 UNIFORM BUSINESS REPORT (UBR)

0032146 SP

DOCUMENT# L00000002273

1. Entity Name
AMERICAN MANUFACTURERS.COM INVESTMENT, LLC

Principal Place of Business
2858 LAKEVIEW BLVD.
COCOA FL 32926

Mailing Address
2858 LAKEVIEW BLVD.
COCOA FL 32926

FILED
01 MAY 29 PM 3:53
SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, RONALD E
2858 LAKEVIEW BLVD.
COCOA FL 32926

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

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004425333-1
-06/18/01--01123--013
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. Leo Burch
285B N. Lake View Blvd.
Cocoa, FL 32926 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. Ronald E. Anderson
285B N. Lake View Blvd.
Cocoa, FL 32926 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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☐ Delete

10. ADDITIONS / CHANGES

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-27-01 321-639-0914

CR2E083 (11/00)