

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90077 025 ***150.00

DOCUMENT # P00000059476

1. Entity Name

AMERICAN SUPPLY & MANUFACTURING EQUIPMENT, INC.

Principal Place of Business

**2101 STATE RD 60 WEST
 LAKE WALES FL 33853**

Mailing Address

**P.O. BOX 2398
 LAKE WALES FL 33859-2398**

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

59-3654530

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

WINKLER, KERRY

2155 STATE ROAD 60 WEST

LAKE WALES FL 33853

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WINKLER, KERRY**
 CITY-ST-ZIP **7249 BLACK ROAD**
LAKE WALES FL 33853

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WINKLER, JANICE W**
 CITY-ST-ZIP **7249 BLACK ROAD**
LAKE WALES FL 33853

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Janice Winkler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-02 863-679-1680

CR2E034 (4/02)

Attachment

079820
P00000059476

AMERICAN SUPPLY & MANUFACTURING EQUIPMENT, INC.

P O BOX 2398
LAKE WALES, FLORIDA 33859-2398
863-679-1680

September 6, 2002

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

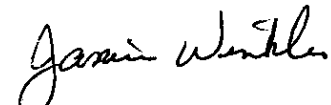
RE: FEI # 59-3654530

To Whom It May Concern:

I am remitting \$150.00 for the 2002 Uniform Business Report.

I did not receive the first notification, therefore I am asking you to accept this check for the 2002 fee.

Sincerely,



Janice Winkler
C.F.O.