

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90157 018 ***150.00

DOCUMENT # P00000116619

1. Entity Name
AMERICAN SALES CORP.

Principal Place of Business
69 W BROOK LANE
PALM COAST FL 32164

Mailing Address
69 W BROOK LANE
PALM COAST FL 32164



2. Principal Place of Business
69 Westbrook Lane
 Suite, Apt. #, etc.

3. Mailing Address
69 Westbrook Lane
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Coast, FL
 Zip
32164

City & State
Palm Coast, FL
 Zip
32164

4. FEI Number
06-1399866

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STORCH, ALLEN
69 W BROOK LANE
PALM COAST FL 32164

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) 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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
STORCH, ALLEN
69 W BROOK LANE
PALM COAST FL 32164 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
STORCH, FLORENCE
69 W BROOK LANE
PALM COAST FL 32164 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 386-447-8288
 Date Daytime Phone #

CR2E034 (9/01)