FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am **DOCUMENT # P16464 Secretary of State** 1. Entity Name 02-20-2001 90069 039 ****61.25 AMERICAN SMALL BUSINESSES ASSOCIATION INC. Principal Place of Business Mailing Address 206 E. COLLEGE AVENUE 206 E. COLLEGE AVENUE GRAPEVINE TX 76051 **GRAPEVINE TX 76051** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3252864 Not Applicable Country __ Country____ \$8:75 Additional --5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE **HYNES RICHARD** NAME NAME Richard Hynes STREET ADDRESS STREET ADDRESS 303 N. MAIN ST. 1531 Harlem Rockford, I1 61103 CITY-ST-ZIP CITY-ST-ZIP ROCKFORD IL 61101 Vice President/Director Addition TITLE ☐ Delete TITLE ☐ Change Ferdinand Aramovich NAME HILL BILL SR. NAME STREET ADDRESS STREET ADDRESS 5749 Berwick Pl _11511.S. FIFTH PLACE CITY-ST-ZIP CITY-ST-ZIP JENKS OK 74037 Rockfor, Il 61107 ☐ Addition TITLE STD ☐ Delete TITLE Change NAME FRYMIRE, NEVA NAME STREET ADDRESS STREET ADDRESS 2622 BRIARWOOD CITY-ST-ZIP CITY-ST-ZIP **GRAPEVINE TX 76051 Ö**belete ☐1 Change ☐ Addition TITLE GILL. ROY E NAME STREET ADDRESS STREET ADDRESS 7238 E MONTEBELLO AVE CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85250 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

GINATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

Neva Frymire

2-13-01

Date

817-488-8770

Daytime Phone #

CB2E037 (4)