

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90001 029 \*\*\*150.00

0015267 AT

**DOCUMENT # P94000072815**

1. Entity Name

**AMERICAN STAR VALVE CORPORATION**

Principal Place of Business

**3505 TARPON WOODS BLVD.  
 I-408  
 PALM HARBOR FL 34685**

Mailing Address

**3505 TARPON WOODS BLVD.  
 I-408  
 PALM HARBOR FL 34685**

2. Principal Place of Business

**1700 Sunshine Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**36181 East Lake Rd., #186**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Clearwater, FL**  
 Zip **33765** Country **Pinellas**

City & State

**Palm Harbor, FL**  
 Zip **34685** Country **Pinellas**

4. FEI Number

**59-3237537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRIDER, BRIAN  
 3505 TARPON WOODS BLVD.  
 I-408  
 PALM HARBOR FL 34685**

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 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DCOO** ☐ Delete  
 NAME **CRIDER, BRIAN**  
 STREET ADDRESS **3505 TARPON WOODS BLVD.**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **CEO** ☒ Delete  
 NAME **WHITEHEAD, DON**  
 STREET ADDRESS **BAYFRONT TOWER #2310, ONE BEACH DR SE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, CEO** ☐ Change ☒ Addition  
 NAME **Brian D. Crider**  
 STREET ADDRESS **3505 Tarpon Woods Blvd. I-408**  
 CITY-ST-ZIP **Palm Harbor, FL. 34685**

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

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

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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:

**Brian Crider**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/25/02 (727) 787-7648**

CR2E034 (9/01)