

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000025644.**

1. Entity Name

AMERICAN SOCK & DEWATERING, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90105 040 ***150.00

Principal Place of Business

821 BAY RIDGE LANE
PORT ORANGE FL 32127

Mailing Address

821 BAY RIDGE LANE
PORT ORANGE FL 32127

2. Principal Place of Business

1731 Fern Palm Road

Suite, Apt. #, etc.

3. Mailing Address

1731 Fern Palm Drive

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

Edgewater, FL

Zip

32132

Country

USA

Zip

32132

Country

USA

4. FEI Number

59-3309036

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, RODNEY
821 BAY RIDGE LANE
PORT ORANGE FL 32127

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JONES, RODNEY**
STREET ADDRESS **821 BAY RIDGE LANE**
CITY-ST-ZIP **PORT ORANGE FL 32127**TITLE **S** ☐ Delete
NAME **JONES, BARBARA**
STREET ADDRESS **821 BAYBRIDGE LANE**
CITY-ST-ZIP **PORT ORANGE FL**TITLE **VP** ☐ Delete
NAME **JONES, BRADLEY**
STREET ADDRESS **133 FLAMINGO RD**
CITY-ST-ZIP **EDGEWATER FL 32141**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Jones, Rodney**
STREET ADDRESS **5809 Antigua Drive**
CITY-ST-ZIP **Port Orange, FL 32127**TITLE **S** ☒ Change ☐ Addition
NAME **Jones, Barbara**
STREET ADDRESS **5809 Antigua Drive**
CITY-ST-ZIP **Port Orange, FL 32127**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Rodney Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2001

Date

904-756-2310

Daytime Phone #

CR2E034 (10/00)