

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90018 001 \*\*\*150.00

**DOCUMENT # P95000025644**

**1. Entity Name**  
**AMERICAN SOCK & DEWATERING, INC.**

**Principal Place of Business**

**1731 FERN PALM ROAD  
EDGEWATER FL 32132**

**Mailing Address**

**1731 FERN PALM ROAD  
EDGEWATER FL 32132**

**2. Principal Place of Business**

**1731 Fern Palm Drive**  
Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. Box 290131**  
Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**City & State**

**Zip**

**Country**

**Port Orange, FL**

**32129**

**USA**



DO NOT WRITE IN THIS SPACE

**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)**

**1731 Fern Palm Dr.**

**City**

**Edgewater**

**FL**

**Zip Code**

**32132**

**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** **D** ☐ Delete  
**NAME** **JONES, RODNEY**  
**STREET ADDRESS** **5809 ANTIGUA DRIVE**  
**CITY-ST-ZIP** **PORT ORANGE FL 32127**

**TITLE** **S** ☐ Delete  
**NAME** **JONES, BARBARA**  
**STREET ADDRESS** **5809 ANTIGUA DRIVE**  
**CITY-ST-ZIP** **PORT ORANGE FL 32127**

**TITLE** **VP** ☐ Delete  
**NAME** **JONES, BRADLEY**  
**STREET ADDRESS** **133 FLAMINGO RD**  
**CITY-ST-ZIP** **EDGEWATER FL 32141**

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

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

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**CITY-ST-ZIP**

**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:**

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

**Date**

**Daytime Phone #**

CR2E034 (9/01)