

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90465 017 ***150.00

DOCUMENT # P95000025644

1. Entity Name

AMERICAN SOCK & DEWATERING, INC.



Principal Place of Business

1731 FERN PALM DRIVE
EDGEWATER FL 32132

Mailing Address

P.O BOX 290131
PORT ORANGE FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3309036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JONES, RODNEY
1731 FERN PALM DR.
EDGEWATER FL 32132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Executive Vice President
NAME: David W. Martin
STREET ADDRESS: 14588 Old Kings Rd.
CITY-ST-ZIP: Jacksonville, FL 32219
☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
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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 607, 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2003 386-756-2310
Date Daytime Phone #

CR2E034 (10/02)