

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**  
 01-25-2001 90021 041 \*\*\*158.75

**DOCUMENT # P95000054129**

1. Entity Name  
**AMERICAN INDUSTRIAL GENERATOR COMPANY**

Principal Place of Business

172 GRANADA AVE  
 WESTON FL 33326  
 US

Mailing Address

172 GRANADA AVE  
 WESTON FL 33326  
 US

2. Principal Place of Business

**3921 S.W. 47TH AVE.**  
 Suite, Apt., etc.  
**1003**

3. Mailing Address

**172 GRANADA AVE.**  
 Suite, Apt., etc.

City & State

**FT. LAUDERDALE, FLORIDA**

Zip  
**33314**

Country  
**U.S.A.**

City & State

**WESTON, FLORIDA**

Zip  
**33326**

Country  
**U.S.A.**

4. FEI Number

**65-0594144**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BLANKENSHIP, WILLIAM L**  
**172 GRANADA AVE**  
**WESTON FL 33326**

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 William L. Blankenship  
 Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/01  
 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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>BLANKENSHIP, WILLIAM L</b> <b>172 GRANADA AVE</b> <b>WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BLANKENSHIP, ALEIDA M</b> <b>172 GRANADA AVE</b> <b>WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>BLANKENSHIP, CHRISTINE V</b> <b>172 GRANADA AVE</b> <b>WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BLANKENSHIP, CAROLINE V</b> <b>172 GRANADA AVE</b> <b>WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William L. Blankenship  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01 (954) 325-2377  
 Date Daytime Phone #

CR2E034 (10/00)