## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000052345** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN SPECIALTY EQUIPMENT CO. 04-25-2000 90070 007 \*\*\*150.00 Principal Place of Business Mailing Address 734 N 3RD ST 734 N 3RD ST **41RR** 418R LEESBURG FL 34748 LEESBURG FL 34748-4437 US us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3454941 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BLOUNT, RICHARD W** Street Address (P.O. Box Number is Not Acceptable) 734 N 3RD ST STE 418B LEESBURG FL 34748 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\square$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VC ☐ Addition Change TITLE □ Delete TITLE **BLOUNT, RICHARD W** NAME NAME STREET ADDRESS 734 N. 3RD ST. #418 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITL F TITLE BECERRA-BLOUNT, CINDY E NAME 734 N. 3RD ST. #418 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE

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.

CITY-ST-ZIP

name Street address

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

UBBRIED RICHARD WELL OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

SloUNT, UP 4/19/200

(352) 365-1038

Daytime Phone #