## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P98000027966 DOCUMENT #

1. Entity Name

AMERICAN SPACEFRAME FABRICATORS, INC.



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

01-13-2003 90149 016 \*\*\*150.00

| THE AME  |                       |   |                                | OGO WE IN                           | 9   |           |
|--|-----------------------|---|--------------------------------|-------------------------------------|---|-----------|
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  S. Certification of Serus Disurted  Seaton Disurted  Sea   | 9030 W. FT<br>STE 11B | : ISLAND TR   | P O BOX 130                    | 28                                  |   | <b>-1</b> |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  S. Certification of Serus Disurted  Seaton Disurted  Sea   | 2. Principal          | I Place of Business   | 3. Mailing Address             |                                     |   |           |
| City & States  Country  City  FL  City  FL  City  FL  City  Country  City  FL  City  FL  City  Country  City  City  FL  City  Country  City  Country  City  City  FL  City  Country  City  Country  City  Country  City   | Suite An              | nt # etc  |                                |                                     |   |           |
| Country Zp Country   | ·                     | <u> </u>  | Suite, Apt. #, etc.            |                                     | ☐ CHECK HERE IF MAKING CHANGES                    |           |
| E. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above numed order, submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am formular with, and acceptable ordered agent and registered agent are applicable or of registered agent.  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  The above numed order, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am formular with, and accept a completion or registered agent, or both, in the State of Florida. I am formular with, and accept and the obligations of registered agent.  Signal Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  P. City  P.   | City & St             | ate   | City & State                   |                                     | 39-330 [0] ]                                      |           |
| See Anne and Address of Current Registered Agent  TOMUNSON, CURTIS C 9030 W FORT ISLAND TRAIL SUITE 118 CRYSTAL RIVER FL 34429  8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent.  FILE NOW!!! FEE IS \$150.00 After May, 1,2003 Fee will be \$550.00 Marke Check Payable to Florida Department of State  OFFICER SAND DIRECTORS  IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TREE POBILITY AGENTS CONTROL OFFICERS AND DIRECTORS IN 11.  THE WAR AGENT AGENTS CONTROL OFFICERS AND DIRECTORS IN 11.  THE POBILITY AGENT AGE | Zip                   | Country   | Zíp                            | Country                             | Not App   |           |
| TOMUINSON, CURTIS C 9030 W FORT ISLAND TRAIL SUITE 118 CRYSTAL RIVER FL 34429  The above named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am familiar with, and accers the obligations of registered agent, reported agent, repo   |                       | 6. Name and Address of Current  | Registered Agent               | <u> </u>                            | Fee Required                                      |           |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Florida agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  0. OFFICERS AND DIRECTORS  TILE  NAME  TILE  TOMUNSON, CURTIS C  P O BOX 130  CRYSTAL RIVER FL 34423  CRYST-2P-  PLANAGEN, RONALD J  MAKE  MEET ALORESS  OTY-ST-2P-  LE  MEET ALORESS  OTY-ST-2P-  LE  MEET ALORESS  OTY-ST-2P-  LE  MEET ALORESS  OTY-ST-2P-  Delete  TILE  NAME  DELETE ALORESS  OTY-ST-2P-  PLANAGEN, RONALD J  MAKE  MEET ALORESS  OTY-ST-2P-  STREET ALORESS  OTY-ST-2P-  Delete  TILE  NAME  DELETE ALORESS  OTY-ST-2P-  Delete  TILE  NAME  DELETE ALORESS  OTY-ST-2P-  DELETE ALORESS  OTY-ST-2P-  DELETE ALORESS  OTY-ST-2P-  Delete  TILE  NAME  DELETE ALORESS  OTY-ST-2P-  DELETE A |                       |   |                                | Name                                | 7. Name and Address of New Registered Agent       |           |
| SUITE 118 CRYSTAL RIVER FL 24429  8. The above named entity submits this stalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept such that obligations of registered agent and tree representations of registered agent, in the State of Florida. I am familiar with, and accept agent agent agent, in the State of Florida. I am familiar with, and accept agent agent, in the State of Florida. I am familiar with, and accept agent agent, in the State of Florida. I am familiar with, and accept agent agent, and accept agent agent, and accept agent, accept agent, and accept agent, and accept agent, accept agent, and accept agent, accept agent, accept agent, accept agent, accept agent, accept agent, accept agent   |                       |   |                                | Street Address                      | se (PO Boy Number in New Assets)                  |           |
| EXPORTAL RIVER FL 34429  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    City  |                       |   |                                |                                     | SS (F.O. DOX NUMBER IS NOT Acceptable)            |           |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  |                       |   |                                | City                                |   |           |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  TILE TOMLINSON, CURTIS C PO BOX 130 CITY ST-ZIP FLANAGEN, RONALD J REET ADDRESS OITY ST-ZIP  FLANAGEN, RONALD J REET ADDRESS OITY ST-ZIP  REET ADDRESS OITY ST-ZIP  LE MEE RET ADDRESS OITY | R The above           | o nomed and a state of the land                                       |                                | 1 5                                 | FL Zip Code                                       |           |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Foese  O. OFFICERS AND DIRECTORS  TOMINSON, CURTIS C Delete  TITLE NOW!  TOMINSON, CURTIS C P D BOX 130 CRYSTAL RIVER FL 34423  CRYSTAL RIVER  | SIGNATURE             | Signature, typed or printed name of registered agent                  | and title if applicable. (NOTE | :: Registered Agent signature requi | ired when reinstating)                            | _         |
| THE AME  | Afte<br>Make Chec     | er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o | f State                        |                                     | 9. Election Campaign Financing \$5.00 May         |           |
| TOMUINSON, CURTIS C P O BOX 130 CRYSTAL RIVER FL 34423  TILE VP FLANAGEN, RONALD J 2845 N. HAMILIN AVE - STE 100 SAINT-PAUL-MN' 55113  TILE ME REET ADDRESS TY-ST-ZIP  LE ME REET ADDRESS TREET ADDRESS CITY-ST-ZIP  LE MAME STREET ADDRESS CITY-ST-ZIP  | 10.                   |   | DIRECTORS                      | 11.                                 | ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 |           |
| TREET ADDRESS CRYSTAL RIVER FL 34423  CRYSTAL RIVER FL 34423  CRYSTAL RIVER FL 34423  CRYP  TANAGEN, RONALD J  2845 N. HAMLIN AVE -STE 100  SAINT-PAUL-MN' 55113  CITY-ST-ZIP  CREET ADDRESS  TY-ST-ZIP  CREET ADDRESS  TREET ADDRESS  CITY-ST-ZIP  CREET ADDRESS  TREET ADDRESS  CITY-ST-ZIP  CREET ADDRESS  TREET ADDRESS  CITY-ST-ZIP  CREET ADDRESS  CITY-ST-ZIP     | itle<br>Iame          | 1 *   | ☐ Delete                       | _                                   |   |           |
| TILE MAME AME TIRET ADDRESS TREET ADDRESS TY-ST-ZIP  LE ME REET ADDRESS TREET ADDRESS CITY-ST-ZIP  LE MAME STREET ADDRESS CITY-ST-ZIP  | TREET ADDRESS         | P O BOX 130   |                                | · ·                                 |   |           |
| AME   Change   Addition   INAME   STREET ADDRESS   ITY-ST-ZIP   ILE   NAME   Change   Addition   ITTLE   INAME   STREET ADDRESS   ITY-ST-ZIP   ITTLE   ITT   |                       | <del></del>   |                                | CiTY-ST-ZIP                         |   |           |
| THEET ADDRESS SAINT-PAUL-MN 55113 STREET ADDRESS CITY-ST-ZIP  TILE  ME  REET ADDRESS CITY-ST-ZIP  THEE  NAME  STREET ADDRESS CITY-ST-ZIP  THEE  ME  ME  ME  ME  ME  ME  ME  ME  ME   | IAME                  | 1 **  | ☐ Delete                       |                                     | ☐ Change ☐ Ac                                     | Addition  |
| ILE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   TY-ST-ZIP   LE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   NAME   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   Change   Addition   REET ADDRESS   CITY-ST-ZIP   LE   CHANGE   CHANGE   CHANGE   CHANGE   REET ADDRESS   CITY-ST-ZIP   LE   Delete   TITLE   CHANGE   Addition   REET ADDRESS   CITY-ST-ZIP   LE   CHANGE   CHANGE   CHANGE   CHANGE   REET ADDRESS   CITY-ST-ZIP   LE   CHANGE   CHANGE   CHANGE   CHANGE   REET ADDRESS   CITY-ST-ZIP   LE   CHANGE   CHANGE   CHANGE   CHANGE   REET ADDRESS   CITY-ST-ZIP   RE   | TREET ADDRESS         | 2845 N. HAMLIN AVE -STE 100   |                                | -                                   |   |           |
| MME REET ADDRESS TY-ST-ZIP  REET ADDRESS TREET   |                       | SAINT-PAUL-MN 55113   |                                |                                     |   |           |
| REET ADDRESS TY-ST-ZIP  LE MME ME M  |                       |   | ☐ Delete                       | TITLE                               | ☐ Change ☐ åd                                     |           |
| CITY-ST-ZIP  CITY ST-ZIP  LE  ME  ME  REET ADDRESS Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME  | REET ADDRESS          |   |                                |                                     |   | dullon    |
| ME REET ADDRESS Y-ST-ZIP  LE ME  | TY-ST-ZIP             |   |                                |                                     |   |           |
| NAME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS CITY-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS CITY-ST-ZIP  LE ME REET ADDRESS CITY-ST-ZIP  LE ME REET ADDRESS CITY-ST-ZIP  | TLE                   |   | ☐ Delete                       | TITLE                               |   | 4.000     |
| STREET ADDRESS CITY-ST-ZIP  LE ME  | ļ                     |   |                                | NAME                                | ☐ Change ☐ Ad                                     | ddition   |
| LE Delete TITLE NAME REET ADDRESS Y-ST-ZIP.  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  LE NAME STREET ADDRESS GITY-ST-ZIP  LE NAME STREET ADDRESS GITY-ST-ZIP  Le NAME STREET ADDRESS CITY-ST-ZIP  | TY-ST-ZIP             |   |                                |                                     |   |           |
| MAME REET ADDRESS Y-ST-ZIP  LE ME ME LET ADDRESS GITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS GITY-ST-ZIP  LEFT ADDRESS TREET ADDRESS  | LE                    |   | □ Delete                       |                                     |   |           |
| Y-ST-ZIP.  STREET ADDRESS CITY-ST-ZIP  Change Addition MAME MAME STREET ADDRESS CITY-ST-ZIP  Let Change Addition Change Addition NAME STREET ADDRESS CITY-ST-ZIP   |                       |   |                                | 1                                   | ∟ Change ∟ Ado                                    | Idition   |
| LE ME ME NAME STREET ADDRESS (7-ST-ZIP)  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Thereby certify that the information   | Y-ST-ZIP              |   |                                | •                                   |   |           |
| NAME EET ADDRESS 7-ST-ZIP Change   | LE                    |   | ☐ Delete                       | <b></b>                             |   |           |
| Y-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  | ME<br>REET ADDRESS    |   |                                |                                     |   | dition    |
| hereby certify that the information will be a second to the information of the informatio   | Y-ST-ZIP              |   |                                |                                     | •   |           |
|  |                       |   |                                | ■ PITV CT 7ID                       |   |           |

SIGNATURE:

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