

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051216

1. Entity Name

AMERICAN HARVESTING SYSTEMS, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90033 047 \*\*\*158.75

Principal Place of Business

1528 S.W. HIGHWAY 17  
ARCADIA FL 34266

Mailing Address

1528 S.W. HIGHWAY 17  
ARCADIA FL 34266-6436

2. Principal Place of Business

4348 SW Hull Avenue  
Suite, Apt. #, etc.

3. Mailing Address

121 Dolly Street  
Suite, Apt. #, etc.

City & State

Arcadia, Florida

City & State

Punta Gorda, Florida

Zip

34266

Country

USA

Zip

33950

Country

USA

4. FEI Number

050944121 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

★

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GASKINS, GREGORY B  
1528 HWY 17 S  
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name Gregory B. Gaskins

Street Address (P.O. Box Number is Not Acceptable)

121 Dolly Street

City

Punta Gorda

FL

Zip Code

33950

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 Gregory B. Gaskins

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/00

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, 2000 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	P GASKINS, GREGORY B 1528 HWY 17 S ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GASKINS, PATRICIA M 1528 HWY 17 S ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GASKINS, AMY 1528 HWY 17 S ARCADIA FL 34266	<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
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	President Patricia M. Gaskins 121 Dolly Street Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gregory B. Gaskins 121 Dolly Street Punta Gorda, Florida 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Amy V. Gaskins 121 Dolly Street Punta Gorda, FL 33950	<input checked="" 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 the empowered.

SIGNATURE: Patricia M. Gaskins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000

Date

941-494-1222

Daytime Phone #

CR2E034 (9/99)