

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90004 021 ***558.75

01242-3 A1

DOCUMENT # P98000085155

1. Entity Name
AMERICAN MERCANTILE CORPORATION

Principal Place of Business: **305 W BROAD STREET GROVELAND FL 34736 US**
 Mailing Address: **305 W BROAD STREET GROVELAND FL 34736 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **94-1500755** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **TOMINAGA, YASUHIKO 305 W BROAD STREET GROVELAND FL 34736**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	TOMINAGA, YASUHIKO 305 W BROAD STREET GROVELAND FL 34736	TITLE: _____	_____
TITLE: STD	YOMINAGA, YOKO 305 W BROAD STREET GROVELAND FL 34936	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	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.

SIGNATURE: *[Signature]* **YASUHIKO TOMINAGA** 07/03/01 (352) 429-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)