## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State P98000085155 DOCUMENT # 05-14-2002 90485 001 \*\*\*450 00 AMERICAN MERCANTILE CORPORATION Principal Place of Business Mailing Address 305 W BROAD STREET 305 W BROAD STREET **GROVELAND FL 34736 GROVELAND FL 34736** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 94-1500755 Not Applicable Country \$8.75 Additional Zip Country XX 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOMINAGA, YASUHIKO Street Address (P.O. Box Number is Not Acceptable) 305 W BROAD STREET **GROVELAND FL 34736** City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Addition Change ☐ Delete DT TITLE TOMINAGA, YASUHIKO NAME 305 W BROAD STREET STREET ADDRESS STREET ADDRESS **GROVELAND FL 34736** CITY-ST-ZIP CJTY-ST-ZIP ☐ Addition TITLE Change X Delete NAME yominaga, yoko NAME STREET ADDRESS 305 W BROAD STREET STREET ADDRESS CITY-ST-ZIP **GROVELAND FL 34936** CITY-ST-ZIP Change ☐ Addition Delete TITLE. TITLE BURNS, NANCY K. NAME NAME STREET ADDRESS STREET ADDRESS 7904 BAY LAKE RD CITY-ST-ZIP CITY-ST-ZIP GROVELAND, FL. 34736 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPES OF PRINTED NAME OF STRUNG OFFICER OR DIRECTO

Dat

Daytime Phone #