FILED Jun 02, 2002 8:00 am Secretary of State Tr (UBR) 2002 UNIFORM BUS **DOCUMENT #** 04-30-2002 90078 041 ***163.75 1. Entity Name AMERICAN RESOURCE SUPPLIERS, INC Principal Place of Business 427 RIVER RD. 1637 W. HWY. 98 CARRABELLE FL 32322 CARRABELLE FL 32322 2. Principal Place of Business 3. Mailing Address SAMe 20 301 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PARKER Applied For FEI Number City & State City & State 59-3605032 11092 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent. WHEELUS, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 427 RIVER RD. CAPRABELLE FL 32322 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Delete TITLE PEACE onald TITLE NAME WHELLUS, MICHAEL E NAME STREET ADDRESS 427 RIVER RD STREET ADDRESS CITY-ST-ZIP CARRABELLE FL 32322 CITY-ST-ZIP TITLE VYC Delete TITLE NAME Presid NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CT 201 STOTE 17 18355 CITY-ST-ZIP 13. I hereby certly 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 suppliemental 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