

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90179 007 ***150.00

06-20-02 AR

DOCUMENT # S92431

1. Entity Name

AMERICAN LAMINATING & ENGINEERING INDUSTRIES, INC.

Principal Place of Business

**10676 S DOUGLAS HWY
 GILLETTE WY 82718
 US**

Mailing Address

**PO BOX 849
 GILLETTE WY 82718
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0320460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, ERIC O
 8265 SW 105TH PL
 OCALA FL 34481**

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 \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **ANDREWS, ANTHONY T.**
 STREET ADDRESS **10676 S DOUGLAS HWY PO 547**
 CITY-ST-ZIP **GILLETTE WY 82717**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **ANDREWS, JACQUELINE**
 STREET ADDRESS **10676 S DOUGLAS HWY PO 547**
 CITY-ST-ZIP **GILLETTE WY 82718**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **ANDREWS, JACQUELINE**
 STREET ADDRESS **10676 S. DOUGLAS HWY P.O. 547**
 CITY-ST-ZIP **GILLETTE WY 82718**

TITLE **DV** ☒ Delete
 NAME **STEIN, ERIC O**
 STREET ADDRESS **8265 SW 105TH PL**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ANDREWS, ANTHONY S**
 STREET ADDRESS **691 WHITE SWAN DRIVE**
 CITY-ST-ZIP **ARNOLD MD 21012**

TITLE **DS** ☒ Change ☐ Addition
 NAME **ANDREWS, ANTHONY S.**
 STREET ADDRESS **691 WHITE SWAN DRIVE**
 CITY-ST-ZIP **ARNOLD MD-21012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

ANTHONY T. ANDREWS - PTD
 APR-20/02
 307-686-6698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (9/01)