

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90076 002 ***150.00

DOCUMENT # V07875

1. Entity Name

AMERICAN INDUSTRIES, INC.

Principal Place of Business

1 LAS OLAS CIRCLE
PENTHOUSE 4
FT LAUDERDALE FL 33316

Mailing Address

1 LAS OLAS CIRCLE
PENTHOUSE 4
FT LAUDERDALE FL 33316-1644

2. Principal Place of Business

3900 B East Collins Rd
Suite, Apt. #, etc.

3. Mailing Address

3900 B East Collins Rd
Suite, Apt. #, etc.

City & State

Gillette WY

City & State

Gillette, WY

Zip

82716

Country

U.S.

Zip

82716

Country

U.S.

4. FEI Number

65-0312831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, ANTHONY T.
1 LAS OLAS CIRCLE
PENTHOUSE 4
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Eric O. Stein

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

8265 SW 105th Place

City

Ocala

FL

Zip Code

34481

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

Eric O. Stein

Director/VP

4/25/00

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, 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	PTD	<input type="checkbox"/> Delete
NAME	ANDREWS, ANTHONY T	
STREET ADDRESS	1 LAS OLAS CIRCLE PH-4	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANDREWS, JAQUELINE	
STREET ADDRESS	1 LAS OLAS CIRCLE PH-4	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, WAYNE E	
STREET ADDRESS	RT 5, BOX 528	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, ANTHONY S	
STREET ADDRESS	691 WHITE SWAN DR	
CITY-ST-ZIP	ARNOLD MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony T. Andrews	
STREET ADDRESS	3900 B East Collins Rd	
CITY-ST-ZIP	Gillette, WY 82716	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline Andrews	
STREET ADDRESS	3900 B East Collins Rd	
CITY-ST-ZIP	Gillette, WY 82716	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric O. Stein	
STREET ADDRESS	8265 SW 105th Place	
CITY-ST-ZIP	Gillette, WY 82716	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony S. Andrews	
STREET ADDRESS	691 White Swan Dr.	
CITY-ST-ZIP	Arnold MD	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 prepare 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 officers and directors.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY T. ANDREWS

Date

APR-03/00 954-764-7731

Daytime Phone #

CR2E034 (9/99)