

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90219 048 ***150.00

DOCUMENT # V07875

1. Entity Name
AMERICAN INDUSTRIES, INC.

Principal Place of Business

**3900 B EAST COLLINS RD
 GILLETTE WY 82716**

Mailing Address

**3900 B EAST COLLINS RD
 GILLETTE WY 82716**

2. Principal Place of Business

10676 S. Douglas Hwy

3. Mailing Address

P.O. Box 849

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gillette WY

City & State

Gillette, WY

Zip

Country

82718 U.S.

Zip

Country

82718 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

7. Name and Address of New Registered Agent

**STEIN, ERIC O
 8265 SE 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, 2001 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 **3900 B E. COLLINS RD**
 CITY-ST-ZIP **GILLETTE WY 82716**

TITLE ☒ Change ☐ Addition
 NAME **10676 S. Douglas Hwy P.O. 547**
 STREET ADDRESS **Gillette, WY 82717**
 CITY-ST-ZIP

TITLE **VS** ☒ Delete
 NAME **ANDREWS, JAQUELINE**
 STREET ADDRESS **3900 B E. COLLINS RD**
 CITY-ST-ZIP **GILLETTE WY 82716**

TITLE ☒ Change ☐ Addition
 NAME **(210) 701-2345**
 STREET ADDRESS **10676 S. Douglas Hwy P.O. 547**
 CITY-ST-ZIP **Gillette, WY 82717**

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

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

TITLE **DV** ☐ Delete
 NAME **STEIN, ERIC O**
 STREET ADDRESS **8265 SW 105TH PL**
 CITY-ST-ZIP **GILLETTE WY 82716**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony T. Andrews 4-27-2001 (307) 684-6213
 President Date Daytime Phone #

CR2E034 (10/00)