

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90119 035 ***150.00

DOCUMENT # V39896

1. Entity Name
ATTACHMENT SALES, INC.



Principal Place of Business
**1091 SHADICK DRIVE
ORANGE CITY FL 32763
US**

Mailing Address
**P. O. BOX 740687
ORANGE CITY FL 32774-0687
US**



2. Principal Place of Business
**2451 W. STATE ROAD 44
Suite, Apt. #, etc.**

3. Mailing Address
**P. O. BOX 999
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
DELAND FL

City & State
DELAND, FL

4. FEI Number **59-3222161**

Applied For
☐ Not Applicable

Zip **FL 32720** Country **VOLUSIA**

Zip **32721-0999** Country **VOLUSIA**

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

**EVERHART, ROGERS A.
1070-E SHADICK DRIVE
ORANGE CITY FL 32763**

Name
Street Address (P.O. Box Number is Not Acceptable)
**2451 W. STATE ROAD 44
City DELAND FL Zip Code 32720**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/02/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVERHART, ROGERS A. 1070-E SHADICK DRIVE ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTTER, ELIZABETH A 1070-E SHADICK DRIVE ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2451 W. STATE ROAD 44 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2451 W. STATE ROAD 44 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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
ELIZABETH ANNE POTTER

4-2-03 386/469-0026
Date Daytime Phone #

CR2E034 (10/02)