

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90062 009 ***150.00

NR30695A AT

DOCUMENT # F92000000533

1. Entity Name
AMERIPOL SYNPOL CORPORATION

Principal Place of Business Mailing Address

1215 MAIN STREET **P.O. BOX 667**
PORT NECHES TX 77651 **PORT NECHES TS 77651**



DO NOT WRITE IN THIS SPACE

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 **76-0384155** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

TITLE	CPT	<input type="checkbox"/> Delete
NAME	PAREKH, MAHENDRA	
STREET ADDRESS	210 SUMMIT AVENUE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLASI, GREGORY J	
STREET ADDRESS	605 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10158	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KWIATKOWSKI, GEORGE T	
STREET ADDRESS	1215 MAIN STREET	
CITY-ST-ZIP	PORT NECHES TX 77651	
TITLE	CAS	<input type="checkbox"/> Delete
NAME	BARNWELL, GLENDA	
STREET ADDRESS	1215 MAIN STREET	
CITY-ST-ZIP	PORT NECHES TX 77651	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwin H. Schmidt, Jr.	
STREET ADDRESS	1215 Main Street	
CITY-ST-ZIP	Port Neches, TX 77651	
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 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: *Glennda Barnwell* **GLENDA BARNWELL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/02 **409-724-8779**
 Date Daytime Phone #

CR2E034 (9/01)