

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007149

1. Entity Name

LINDE LIFT TRUCK CORP.

Principal Place of Business

2450 W 5TH NORTH STREET
SUMMERVILLE SC 29484

Mailing Address

PO BOX 2400
SUMMERVILLE SC 29484

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

57-1075851

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

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

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

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

10/27/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MILOVICH, MITCHELL 2450 W 5TH NORTH STREET SUMMERVILLE SC	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NOWICKI, JURGEN 2450 W 5TH NORTH STREET SUMMERVILLE SC	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEGERLIN, FERDI 2450 W 5TH NORTH STREET SUMMERVILLE SC	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Jurgen Nowicki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-00

(843) 825-8306

Date

Daytime Phone #

FILED
CLERK OF STATE
DIVISION OF CORPORATION
00 OCT 30 PM 1:22



REINSTATEMENT

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CP2E034 (500)