

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56285

1. Entity Name

T. D. INDUSTRIES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90042 019 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 3128
 JASPER AL 35502

P. O. BOX 3128
 JASPER AL 35502-3128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0899913**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CORP SERV COMPANY
1201 HAYS ST
ST 105
TALLAHASSEE FL 32301

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MITNICK, J. GEORGE	
STREET ADDRESS	1304 COLLEGE HILL RD	
CITY-ST-ZIP	JASPER AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ENGEL, JOSEPH H.	
STREET ADDRESS	1101 ENGEL CIR	
CITY-ST-ZIP	JASPER AL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ENGEL, ALAN Z	
STREET ADDRESS	3547 KINGSHILL RD	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

Alan Z Engel

3-20-00

Date

(205) 221-4000

Daytime Phone #

CR2E034 (9/99)