## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## DOCUMENT # 168193 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name WASHINGTON MILLS CERAMICS CORPORATION 04-25-2000 90037 008 \*\*\*158.75 Principal Place of Business Mailing Address 31 AIRPORT ROAD 31 AIRPORT ROAD P.O. BOX 112 P.O. BOX 112 LAKE WALES FL 33859-0112 LAKE WALES FL 33859-7112 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0675399 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCARTNEY, HENRY A. Street Address (P.O. Box Number is Not Acceptable) AIRPORT RD LAKE WALES FL 33853 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Defete TITLE Williams, JiN E WILLIAMS, JOHN E NAME NAME STREET ADDRESS STREET ADDRESS AIRPORT ROAD CITY-ST-ZIP CITY-ST-7IP LAKE WALES FL Change Addition TITLE DP ☐ Delete TITLE NAME WILLIAMS PETER NAME STREET ADDRESS STREET ADDRESS AIRPORT RD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES, FL 00000 ☐ Change Addition Delete TITLE TITLE ROBBINS, EDWARD J NAME STREET ADDRESS STREET ADDRESS AIRPORT RD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES, FL 00000 Delete ☐ Change ☐ Addition TITLE TITLE WILLIAMS, JOHN T NAME NAME STREET ADDRESS STREET ADDRESS AIRPORT RD CITY-ST-7IP CITY-ST-ZIP LAKE WALES FL Change ☐ Addition ☐ Delete TITLE TITLE SHEA, PAUL F NAME NAME STREET ADDRESS STREET ADDRESS AIRPORT RD CITY-ST-7IP CITY-ST-ZIP LAKE WALES FL ☐ Change Addition ☐ Delete TITLE TITLE HORNER, HENRY C. NAME NAME STREET ADDRESS STREET ADDRESS AIRPORT ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 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.