

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 168193

1. Entity Name
WASHINGTON MILLS CERAMICS CORPORATION

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90055 044 ***150.00

Principal Place of Business
31 AIRPORT ROAD
P.O. BOX 112
LAKE WALES FL 33859-7112

Mailing Address
31 AIRPORT ROAD
P.O. BOX 112
LAKE WALES FL 33859-7112

2. Principal Place of Business
31 S. Airport Rd.
Suite, Apt. #, etc.

3. Mailing Address
31 S. Airport Rd.
Suite, Apt. #, etc.

City & State
Lake Wales, Fl.
Zip
33853-6949 Country
USA

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Lake Wales, Fl.
Zip
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USA

4. FEI Number **59-0675399** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KINKENATI, GREG
AIRPORT RD
LAKE WALES FL 33853

7. Name and Address of New Registered Agent
Name **KIRKENDALL, Greg**
Street Address (P.O. Box Number is Not Acceptable)
31 S. Airport Rd.
City **Lake Wales** FL Zip Code **33853-6949**

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 _____

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JOHN E AIRPORT ROAD LAKE WALES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS PETER AIRPORT RD LAKE WALES, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, EDWARD J AIRPORT RD LAKE WALES, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN T AIRPORT RD LAKE WALES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEA, PAUL F AIRPORT RD LAKE WALES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNER, HENRY C. AIRPORT ROAD LAKE WALES FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, JOHN E AIRPORT ROAD LAKE WALES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHEA, PAUL F AIRPORT RD LAKE WALES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLETCHER, WARREN AIRPORT ROAD LAKE WALES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: John E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN E. WILLIAMS, Director/V.P.

02-01-01 863 676-3441
Date Daytime Phone #

CR2E034 (10/00)