

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 313008

1. Entity Name

TOWNLEY MANUFACTURING COMPANY, INC.

FILED

Feb 03, 2000 8:00 am  
Secretary of State

02-03-2000 90030 046 \*\*\*150.00

Principal Place of Business

Mailing Address

10251 SE 110TH ST ROAD  
P O BOX 221  
CANDLER FL 32111-0221

10251 SE 110TH ST ROAD  
P O BOX 221  
CANDLER FL 32111-0221

912300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 221

CANDLER, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1205861

Applied For  
Not Applicable

Zip

Country

Zip

Country

32111

FL

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

TOWNLEY, J.O. J  
10551 SE 110TH ST RD  
CANDLER FL 32111

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 VD  
NAME TOWNLEY, PARNEL  
STREET ADDRESS BELVIEW-CANDLER RD  
CITY-ST-ZIP CANDLER, FL 00000 ☐ Delete

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

TITLE VSD  
NAME HALL, SARAH T  
STREET ADDRESS P.O. BOX 213 N/A  
CITY-ST-ZIP CANDLER, FL 00000 32111 ☐ Delete

TITLE VSD  
NAME SARAH T. DEAN  
STREET ADDRESS P.O. BOX 213  
CITY-ST-ZIP CANDLER, FL 32111 ☒ Change ☐ Addition

TITLE TD  
NAME TOWNLEY, HELEN  
STREET ADDRESS P.O. BOX 221 N/A  
CITY-ST-ZIP CANDLER, FL 00000 32111 ☐ Delete

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

TITLE PD  
NAME TOWNLEY, J O, JR  
STREET ADDRESS BELVIEW-CANDLER RD  
CITY-ST-ZIP CANDLER, FL 00000 ☐ Delete

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

TITLE VD  
NAME TOWNLEY, TIMOTHY  
STREET ADDRESS BELVIEW-CANDLER RD  
CITY-ST-ZIP CANDLER, FL 00000 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

(352) 687-2001

Daytime Phone #