

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 363071

1. Entity Name

FILTER SALES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90005 037 ***150.00

Principal Place of Business

3850 RECKER HWY.
WINTER HAVEN FL 33880
US

Mailing Address

P.O. BOX 2707
WINTER HAVEN FL 33883-2707
US

2. Principal Place of Business

3850 RECKER HWY.

3. Mailing Address

PO BOX 2707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL 338

City & State WINTER HAVEN,
FLORIDA

4. FEI Number 59-1289368

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33883

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, JOSEPH H
5402 CRYSTAL BEACH RD POB 2707
WINTER HAVEN, FL
33880

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS HALL, JOSEPH H
CITY-ST-ZIP 3850 RECKER HIGHWAY
WINTER HAVEN FL

TITLE ☐ Delete
NAME STD
STREET ADDRESS HALL, ROMOLA J
CITY-ST-ZIP 3850 RECKER HIGHWAY
WINTER HAVEN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00

Date

863

293-9741

Daytime Phone #

CR2E034 (9/99)