

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 363071

1. Entity Name  
FILTER SALES, INC.

Principal Place of Business  
3850 RECKER HWY.  
WINTER HAVEN FL 33880  
US

Mailing Address  
P.O. BOX 2707  
WINTER HAVEN FL 33880  
US

2. Principal Place of Business  
3850 RECKER HWY.  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 2707  
Suite, Apt. #, etc.

City & State  
WINTER HAVEN FL.  
Zip  
33880  
County  
POLK

City & State  
WINTER HAVEN FL.  
Zip  
33883  
County  
POLK

4. FEI Number 59-1289368

Applied For  
Not Applicable

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, 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  
PD  
HALL, JOSEPH H  
3850 RECKER HIGHWAY  
WINTER HAVEN FL

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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: ROMOLA J. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS.

3/25/01

863-293-9741

Date

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90302 015 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)