

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585162

1. Entity Name

FLOW COMPONENTS AND EQUIPMENT SUPPLY, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90049 008 \*\*\*150.00

Principal Place of Business

604 N PRAIRE INDUSTRIAL PKWY  
PO BOX 735  
MULBERRY FL 33860

Mailing Address

604 N PRAIRE INDUSTRIAL PKWY  
PO BOX 735  
MULBERRY FL 33860-0735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1835601

Applied For

Not Applicable

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

~~SCHULTZ, WALLACE, J.  
2834 FOREST DRIVE  
LAKELAND FL 33811~~

Name WALLACE J. SCHULTZ

Street Address (P.O. Box Number is Not Acceptable)

2255 GARDEN CHASE DR.

City LAKE LAND

FL

Zip Code 33813

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 PS  
NAME SCHULTZ, WALLACE J  
STREET ADDRESS 2834 FOREST DRIVE  
CITY-ST-ZIP LAKE LAND, FL 0 ☒ Delete

TITLE PS  
NAME WALLACE J. SCHULTZ  
STREET ADDRESS 2255 GARDEN CHASE DR.  
CITY-ST-ZIP LAKE LAND, FL 33813 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

WALLACE J. SCHULTZ

Date

1-4-20

Daytime Phone #

863-425-4976

CR2E034 (9/99)