

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90091 020 ***150.00

0402105

DOCUMENT # 634082

1. Entity Name
SPAULDING RADIATOR SERVICE, INC.

Principal Place of Business Mailing Address
~~5805 COTTONWOOD ST~~ ~~5805 COTTONWOOD ST~~
~~BRADENTON FL 34203~~ ~~BRADENTON FL 34203~~
(Change) **(Change)**
US **US**

2. Principal Place of Business 3. Mailing Address
4024 W. Crest Ave **4024 W. Crest Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa FL **Tampa FL**
 Zip Country Zip Country
33614 U.S.A. **33614 U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1929366** 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
SLEEP, ROBERT E., JR. } **change**
5805 COTTONWOOD ST
BRADENTON FL 34203
 Name **Ronald P. DEATRICK JR.**
 Street Address (P.O. Box Number is Not Acceptable)
4024 W. Crest Ave
 City **Tampa FL** Zip Code **33614**

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: *Ronald P. Deatrck Jr.* **Ronald P. Deatrck Jr. (President)** **4-25-01**
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.
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEEP, ROBERT E., JR.		NAME	Ronald P. DEATRICK JR.	
STREET ADDRESS	5805 COTTONWOOD ST		STREET ADDRESS	4024 W. Crest Ave	
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEEP, IRIS ANNE		NAME	Michelle A. DEATRICK	
STREET ADDRESS	5805 COTTONWOOD ST		STREET ADDRESS	4024 W. Crest Ave	
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Ronald P. Deatrck Jr.* **RONALD P. DEATRICK JR.** **4-25-01 (813) 870-1614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(President)

CR2E034 (10/00)