2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90039 033 ****61.25

DOCUMENT # 765721

1. Entity Name

AMERICAN REUSABLE TEXTILE ASSOCIATION INC.

Principal Place of Business	Mailing Address
P O BOX 1073 LARGO FL 33779 US	P O BOX 1073 LARGO FL 33779-1073 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	319 Shadow Moss Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lakeland, FL
Zip / Country	Zip: 33813 / Country: USA

4. FEI Number: 59-2232026 ☐ Applied For ☐ Not Applic.

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
BELKIN, NATHAN L 1906 SANDPIPER DR CLEARWATER FL 33764	Name: WILLIAM J. CARROLL Street Address (P.O. Box Number is Not Acceptable): 319 Shadow Moss Court City: Lakeland 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: WILLIAM J. CARROLL — William J. Carroll — 1-13-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUSHMAN, BRAD ONE KNOLLCREST DR CINCINNATI OH 45237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TUCKER, STEPHEN J 370 WABASHA ST N ST PAUL MN 55102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TINGUE, BILL 535 N MIDLAND AVE SADDLE BROOK NJ 07663	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BELKIN, NATHAN L 1906 SANDPIPER DR CLEARWATER FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR D William J. Carroll 319 Shadow Moss Court Lakeland, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEJOHN, STAN P.O. BOX 1658 N/A SPATAUBURG SC 29304	☐ 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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Carroll RE: William J. CARROLL — 1-13-2000 — 863-644-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #