

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-04-2003 90066 002 ****61.25

DOCUMENT # 765721

1. Entity Name

AMERICAN REUSABLE TEXTILE ASSOCIATION INC.



Principal Place of Business

Mailing Address

P O BOX 1063
MULBERRY FL 33860
US

C/O TERRY HAFNER CPA
2963 GULF TO BAY SUITE 267
CLEARWATER FL 33759
US

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 **59-2232026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, WILLIAM J
319 SHADOW MOSS CT
LAKELAND FL 33813

Name

Mr. Terry Hafner

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

2963 Gulf to Bay, Suite 267

City

Clearwater

FL

Zip Code
33759

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

TERRY HAFNER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-14-2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BUSHMAN, BRAD**
STREET ADDRESS **ONE KNOLLCREST DR**
CITY-ST-ZIP **CINCINNATI OH 45237**

TITLE **VP** ☐ Delete
NAME **GARTLER, GREG**
STREET ADDRESS **15475 S LASALLE ST**
CITY-ST-ZIP **SOUTH HOLLAND IL 60473**

TITLE **D** ☐ Delete
NAME **TINGUE, BILL**
STREET ADDRESS **535 N MIDLAND AVE**
CITY-ST-ZIP **SADDLE BROOK NJ 07663**

TITLE **D** ☐ Delete
NAME **CARROLL, WILLIAM J**
STREET ADDRESS **319 SHADOW MOSS CT**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☒ Delete
NAME **LITTLEJOHN, STAN**
STREET ADDRESS **P.O. BOX 1658 N/A**
CITY-ST-ZIP **SPATAUBURG SC 29304**

TITLE **VP** ☐ Delete
NAME **MOODY, RICHARD**
STREET ADDRESS **4001 KENNETT PIKE STE 134**
CITY-ST-ZIP **WILMINGTON DE 19807**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
NAME **ROBERT HEWETT**
STREET ADDRESS **P.O. BOX 670**
CITY-ST-ZIP **WHEATON, IL 60189-0670**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

23 Feb 03

(800) 333-6678

X 2212

CR2037 (10/02)