

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767479**

1. Entity Name

AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIET

Principal Place of Business

Mailing Address

11311 LAKE KATHERINE CIRCLE
CLERMONT FL 34711
US11311 LAKE KATHERINE CIRCLE
CLERMONT FL 34711
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

59-2162296

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

VAN DUSEN, PHILIP

11311 LAKE KATHERINE CIRCLE
CLERMONT FL 34711

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 _____

**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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DV	DARRINGTON, RICHARD	3302 ARDEN VILLAS BLVD 26 ORLANDO FL 32817	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	ERTELL, DEWEY	2207 AVENUE D NORTHWEST WINTER HAVEN FL 33880	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	BLACKBURN, RUSS	826 BENTLEY GREEN CIRCLE WINTER SPRGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DT	VAN DUSEN, PHILIP	11311 LAKE KATHERINE CIRCLE CLERMONT FL 34711	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	JAMES, SHERRIL	1573 NATADOR DR GOTHA FL 34734	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

**(352) 726-
2930**

CR2E037 (10/00)

0081554

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90411 042 ****61.25



DO NOT WRITE IN THIS SPACE