

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90243 034 ****61.25

DOCUMENT # 837500

1. Entity Name

AMERICAN ELECTROPLATERS AND SURFACE FINISHERS SO

Principal Place of Business

**12644 RESEARCH PARKWAY
 ORLANDO FL 32826**

Mailing Address

**12644 RESEARCH PARKWAY
 ORLANDO FL 32826**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1520640

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WITT, TED
 12644 RESEARCH PARKWAY
 ORLANDO FL 32826**

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 **SD** ☐ Delete
 NAME **WITT, TED**
 STREET ADDRESS **3100 MCEWAN LANE**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **TD** ☐ Delete
 NAME **CASSELL, S.O.**
 STREET ADDRESS **4323 SOUTH WESTERN BLVD**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **PD** ☒ Delete
 NAME **FRANK, PAUL L**
 STREET ADDRESS **2935 COBBLESTONE DR**
 CITY-ST-ZIP **CUMMING GA 30041**

TITLE **PD** ☐ Change ☒ Addition
 NAME **LEMKE, KEN**
 STREET ADDRESS **3455 HARVESTER RD UNIT 22**
 CITY-ST-ZIP **BURLINGTON ONTARIO CANADA L7N 3P2**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGAL WHITEQUIP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
 Date

407/281-6441
 Daytime Phone #

CR2E037 (10/00)