

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837500

1. Entity Name

AMERICAN ELECTROPLATERS AND SURFACE FINISHERS SOCIETY, INC.

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

Zip

Country

Zip

Country

4. FEI Number

22-1520640

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

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 32812-6849

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 TD ☒ Change ☐ Addition  
NAME John J. Maliszewski  
STREET ADDRESS 5230 S. 13th St.  
CITY-ST-ZIP Milwaukee, WI 53221

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

TITLE PD ☒ Change ☐ Addition  
NAME Howard L. Saunders  
STREET ADDRESS 295 Driftwood Ave.  
CITY-ST-ZIP Nashville, TN 37210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ted Witt* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-01-02

(407) 281-6441

CR2E037 (9/01)

0068433

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90060 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE