

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90009 026 ***150.00

DOCUMENT # 849761

1. Entity Name
A.E. PETSCH COMPANY, INC.

Principal Place of Business

2112 W. DIVISION
 ARLINGTON TX 76012

Mailing Address

2112 W. DIVISION
 ARLINGTON TX 76012

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 **75-1238083**

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

KLEBE, ROBERT W
1650 SAND LAKE DR
SUITE 209B
ORLANDO FL 32809

Name **PAT WALSH**
 Street Address (P.O. Box Number is Not Acceptable)
5850 T.G. LEE BLVD
650
 City **ORLANDO** FL Zip Code **32822**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.25.01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **PETSCH, ARNOLD E**
 STREET ADDRESS **2112 W. DIVISION**
 CITY-ST-ZIP **ARLINGTON TX**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **KENT HORST**
 STREET ADDRESS **2112 W. DIVISION**
 CITY-ST-ZIP **ARLINGTON TX 76012**

TITLE **VSD** ☒ Delete
 NAME **PETSCH, MARY K**
 STREET ADDRESS **2112 W. DIVISION**
 CITY-ST-ZIP **ARLINGTON TX**

TITLE **CEO** ☐ Change ☒ Addition
 NAME **GLENN DAVIDSON**
 STREET ADDRESS **2112 W. DIVISION**
 CITY-ST-ZIP **ARLINGTON TX 76012**

TITLE **STD** ☒ Delete
 NAME **BOSWELL, G THOMAS (ASST)**
 STREET ADDRESS **2600 FT WORTH NAT BK BLD**
 CITY-ST-ZIP **FORT WORTH TX**

TITLE **COO** ☐ Change ☒ Addition
 NAME **ALAN PETSCH**
 STREET ADDRESS **2112 W. DIVISION**
 CITY-ST-ZIP **ARLINGTON TX 76012**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (10/00)