

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90354 028 \*\*\*150.00

DOCUMENT # 855566

1. Entity Name

AMES TAPING TOOL SYSTEMS INC.

Principal Place of Business

3305 BRECKINRIDGE BLVD  
SUITE 122  
DULUTH GA 30136  
US

Mailing Address

801 TRAVIS ST  
STE 1400  
HOUSTON TX 77002  
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 94-1536440

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P ZDRAVECKY, ROBERT G 3305 BRECKINRIDGE BLVD. SUITE 122 DULUTH GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FEYE, LYLE J. 801 TRAVIS ST STE 1400 HOUSTON TX 77002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROY, ROBERT P 801 TRAVIS ST STE 1400 HOUSTON TX 77002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, GARY L 801 TRAVIS ST STE 1400 HOUSTON TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Asst Sec. JONATHAN STEIN 200 PARK AVENUE NEW YORK, NY 10166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

VICE PRESIDENT

2/13/01

Date

713-425-2150

Daytime Phone #

CR2E034 (10/00)



Attachment  
#855566

519923

March 23, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Certified/Return Receipt Requested – 7106 4575 1292 1022 2824

Subject: AMES TAPING TOOL SYSTEMS, INC.  
FEIN 94-1536440

Enclosed is the 2001 Uniform Business Report for the above referenced corporation,  
along with payment of \$150.00.

Please receipt the duplicate copy of this letter and return it in the enclosed self-  
addressed stamped envelope.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Portewig".

Richard Portewig  
Tax Manager

RP/jmj  
Enclosure



Attachment  
#855560

519923

March 23, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Certified/Return Receipt Requested – 7106 4575 1292 1022 2824

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Please receipt the duplicate copy of this letter and return it in the enclosed self-  
addressed stamped envelope.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard Portewig", is written over the typed name and title.

Richard Portewig  
Tax Manager

RP/jmj  
Enclosure