2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F02000003713 **DOCUMENT #**

PITTSBURG TANK & TOWER COMPANY ELEVATED TANK DIV ISION, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90736 001 *****8.75 01-13-2003 90736 002 ***150.00

515 PENNELL HENDERSON		Mailing Address P.O. BOX 594 HENDERSON KY 42419 3. Mailing Address		55000784
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 62-1357793 Applied For Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Agent
Name				
	PORATION SYSTEM ITH PINE ISLAND ROAD		Street Addres	ss (P.O. Box Number is Not Acceptable)
	ON FL 33324			· · · · · · · · · · · · · · · · · · ·
			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE				
Ordin trotte	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature requi	uired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnston, Ben 515 Pennal St Henderson Ky 42420	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V HELTSLEY, PATRICK 515 PENNAL ST HENDERSON KY 42420	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUDDLESTON, SALLY 515 PENNAL ST HENDERSON KY 42420	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. Thereby 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 10 or Block 11 if				

12. changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Daytime Phone #