

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F67811

1. Entity Name

AMERICAN FRAME & AXLE, INC. OF TAMPA BAY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90013 045 ***150.00

Principal Place of Business

1011 N 21ST ST
TAMPA FL 33605

Mailing Address

1011 N 21ST ST
TAMPA FL 33605-6067

2. Principal Place of Business

3. Mailing Address

P.O. Box 75214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

Zip

Country

Zip

33675-0214

Country

4. FEI Number

59-2161760

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

SMITH, MICHAEL D
1011 N 21ST ST
TAMPA, FL
33605

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, 2000 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	<input type="checkbox"/> Delete
	DP			
	SMITH, MICHAEL D	511 CLIFF DR	TEMPLE TERR FL	
	AS			
	HUMPHRIES, J BOB	501 E KENNEDY BLVD	TAMPA, FL 00000	
	ST			
	SMITH, MICHAEL D	511 CLIFF DR	TEMPLE TERR FL	

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

Date

Daytime Phone #

CR : 014 (9/99)