

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000942

1. Entity Name

FEMCO MACHINE COMPANY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90051 038 ***150.00

Principal Place of Business Mailing Address
FEMCO MACHINE CO., INC. FEMCO MACHINE CO., INC.
RD. 6 BOX 17 P.O. BOX 66
PUNXSOTAWNEY PA 15767 MANITOWOC WI 54221-0066

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 39-1780976

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 RD
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, 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	PD	<input type="checkbox"/> Delete
NAME	GROWCOCK, TERRY D	
STREET ADDRESS	500 SOUTH 16TH STREET	
CITY-ST-ZIP	MANITOWOC WI 54220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDL, ROBERT R	
STREET ADDRESS	500 SOUTH 16TH STREET	
CITY-ST-ZIP	MANITOWOC WI 54220	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, E. DEAN	
STREET ADDRESS	500 SOUTH 16TH STREET	
CITY-ST-ZIP	MANITOWOC WI 54220	
TITLE	T	<input type="checkbox"/> Delete
NAME	TELLOCK, GLEN E	
STREET ADDRESS	500 SOUTH 16TH STREET	
CITY-ST-ZIP	MANITOWOC WI 54220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, M.D.	
STREET ADDRESS	500 SOUTH 16TH STREET	
CITY-ST-ZIP	MANITOWOC, WI 54220	
TITLE	T, D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLOCK, G. E.	
STREET ADDRESS	500 SOUTH 16TH STREET	
CITY-ST-ZIP	MANITOWOC, WI 54220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

G. E. TELLOCK

1/27/00

920-683-8135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)