

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90174 045 ***150.00

DOCUMENT # F95000002463

1. Entity Name

CISSELL MANUFACTURING COMPANY

Principal Place of Business

Mailing Address

831 S FIRST ST
~~SUITE 310~~
 LOUISVILLE KY 40203
 US

831 S 1ST ST
 LOUISVILLE KY 40203-2207
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLANK

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-0991778

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** ☒ Delete
 NAME **PIETROCINI, THOMAS**
 STREET ADDRESS **831 S 1ST ST**
 CITY-ST-ZIP **LOUISVILLE KY**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **Guido VAN LINDEN**
 STREET ADDRESS **831 S. First St.**
 CITY-ST-ZIP **Louisville ky 40203**

TITLE **T** ☐ Delete
 NAME **DECKER, PHYLLIS**
 STREET ADDRESS **831 S 1ST ST**
 CITY-ST-ZIP **LOUISVILLE KY 40203**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **VANDERERFVEN, WIM**
 STREET ADDRESS **NIEUWSTRAAT 146**
 CITY-ST-ZIP **B-8560 WEVELGEND BE**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COPPIETERS, EDDY**
 STREET ADDRESS **NIEUWSTRAAT 146**
 CITY-ST-ZIP **B-8560 WEVELGEND BE**

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:

PHYLLIS DECKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phyllis Decker 4-1300 502 681-1281