

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005685

1. Entity Name

TAYLOR BATTERY EAST, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90233 033 ***150.00

Principal Place of Business Mailing Address
% EAST PENN MANUFACTURING CO. **% EAST PENN MANUFACTURING CO.**
DEKA ROAD **DEKA ROAD**
LYON STATION PA 19536 **LYON STATION PA 19536**

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 **61-0975106** 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

SHARKEY, KEN
3101 DAVIE BLVD.
FT. LAUDERDALE FL 33312

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	CV	<input type="checkbox"/> Delete
NAME	BOWERS, RICHARD P	
STREET ADDRESS	DEKA ROAD	
CITY-ST-ZIP	LYON STATION PA 19536	
TITLE	C	<input type="checkbox"/> Delete
NAME	BREIDEGAM, DELIGHT E JR.	
STREET ADDRESS	DEKA ROAD	
CITY-ST-ZIP	LYON STATION PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIKSIWICZ, SALLY S	
STREET ADDRESS	DEKA ROAD	
CITY-ST-ZIP	LYON STATION PA 19536	
TITLE	P	<input type="checkbox"/> Delete
NAME	LANGDON, DANIEL	
STREET ADDRESS	DEKA ROAD	
CITY-ST-ZIP	LYON STATION PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRUITT, CHRIS	
STREET ADDRESS	DEKA RD	
CITY-ST-ZIP	LYON STATION PA	
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 type="checkbox"/> Addition
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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: *Chris E. Pruitt* **3/25/00** **610-682-6361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)