

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90119 027 ***150.00

DOCUMENT # F95000005685

1. Entity Name
TAYLOR BATTERY EAST, INC.



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

Mailing Address
**% EAST PENN MANUFACTURING CO.
DEKA ROAD
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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

*10. OFFICERS AND DIRECTORS

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

616-686-6861
Daytime Phone #

CR2E034 (10/02)