

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90026 019 \*\*\*\*61.25

**DOCUMENT # F98000000910**

1. Entity Name

**SCALE MANUFACTURERS ASSOCIATION, INC.**

Principal Place of Business

**6724 LONE OAK BLVD.  
NAPLES FL 34109**

Mailing Address

**6724 LONE OAK BLVD.  
NAPLES FL 34109**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**53-0176151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REINFRIED, ROBERT A  
4885 SHEARWATER LANE  
NAPLES FL 34119**

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.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **GLEITSMANN, RICHARD P JR**  
CITY-ST-ZIP **701 S. RIDGE AVE.  
TROY OH 45374**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **NORDEN, F A**  
CITY-ST-ZIP **821 LOCUST  
KANSAS CITY MO 64106**

TITLE ☒ Delete  
NAME **P**  
STREET ADDRESS **PODL, WILLIAM J**  
CITY-ST-ZIP **1315 PARAMOUNT PKWY.  
BATAVIA IL 60510**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **REINFRIED, ROBERT A**  
CITY-ST-ZIP **6724 LONE OAK BLVD.  
NAPLES FL 34109**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **CASTLE, DAVID R**  
CITY-ST-ZIP **1000 ARMSTRONG DR  
FAIRMONT MN 56037**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **P Johnson, Wayne W.**  
STREET ADDRESS **21 Graybill Road**  
CITY-ST-ZIP **Leola, PA 17540**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Schuller, Robert J.**  
CITY-ST-ZIP **701 S. Ridge Ave.  
Troy, OH 45374**

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

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Huber, Paul E.**  
CITY-ST-ZIP **1555 McCordless Drive  
Milpitas, CA 95035**

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 617, 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

Date

Daytime Phone #

**1/29/01 941.514.3441**

CR2E037 (10/00)