

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91115 021 ***150.00

DOCUMENT # F98000002575

1. Entity Name
HUFCOR DURKEE INC.

Principal Place of Business
**12695 AUTOMOBILE BLVD N
 CLEARWATER FL 34622**

Mailing Address
~~1301 CENTRAL PARK DR
 SANFORD FL 32771~~

2. Principal Place of Business

3. Mailing Address
P.O. Box 591

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Janesville, WI

Zip

Country

Zip
53547

Country
Rock

4. FEI Number **59-3506041**

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2001 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 **DP** ☐ Delete
 NAME **BORDEN, J. MICHAEL**
 STREET ADDRESS **2101 KENNEDY RD.**
 CITY-ST-ZIP **JANESVILLE WI 53547**

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

TITLE **DV** ☐ Delete
 NAME **MICHALSKI, KENNETH J**
 STREET ADDRESS **2101 KENNEDY RD.**
 CITY-ST-ZIP **JANESVILLE WI 53547**

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

TITLE **DST** ☐ Delete
 NAME **SCOTT, FRANK R.**
 STREET ADDRESS **2101 KENNEDY RD.**
 CITY-ST-ZIP **JANESVILLE WI 53547**

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

TITLE **DV** ☐ Delete
 NAME **MOONEY, JOHN B**
 STREET ADDRESS **1301 CENTRAL-PK DR**
 CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **D** ☐ Delete
 NAME **DURKEE, DAN**
 STREET ADDRESS **12695 AUTOMOBILE BLVD., N.**
 CITY-ST-ZIP **CLEARWATER FL 34622**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

608-758-8372

Daytime Phone #

CR2E034 (10/00)