

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90049 021 \*\*\*150.00

**00060859**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F9000003459  
**1. Entity Name**  
Miami Tank Manufacturing, Inc.**Principal Place of Business** **Mailing Address****2. Principal Place of Business**  
4505 Prosperity Drive  
Suite, Apt. #, etc.**3. Mailing Address**  
5900 State Farm Drive  
Suite, Apt. #, etc.**City & State**  
Ft. Pierce, Florida  
**City & State**  
Rohnert Park, CA  
**Zip**  
34981  
**Country**  
USA  
**Zip**  
94928  
**Country**  
USA**4. FEI Number**  
59-3516297  
**Applied For**  
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**Dennis Welling  
11511 Phillips Highway  
Jacksonville, FL 32256**7. Name and Address of New Registered Agent****Name**  
Kevin Mulvey  
**Street Address (P.O. Box Number is Not Acceptable)**  
4505 Prosperity Drive  
**City**  
Ft. Pierce **FL** **Zip Code**  
34981**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** *Kevin Mulvey* **-Kevin Mulvey** **5-24-00**  
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		
<b>TITLE</b> P/D <b>NAME</b> Vijay J. Fozdar <b>STREET ADDRESS</b> 11511 Phillips Hwy <b>CITY-ST-ZIP</b> Jacksonville, FL 32258	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> Kevin Mulvey <b>STREET ADDRESS</b> 4505 Prosperity Drive <b>CITY-ST-ZIP</b> Ft. Pierce, FL 34981	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b> S/T <b>NAME</b> Dennis E. Welling <b>STREET ADDRESS</b> 12511 Phillips Hwy <b>CITY-ST-ZIP</b> Jacksonville, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> C/V/T <b>NAME</b> Paul E. Pennington <b>STREET ADDRESS</b> 5900 State Farm Drive <b>CITY-ST-ZIP</b> Rohnert Park, CA 94928	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Alison Fee <b>STREET ADDRESS</b> 5900 State Farm Drive <b>CITY-ST-ZIP</b> Rohnert Park, CA 94928	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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:** *Paul E. Pennington* **Paul E. Pennington, Vice President** **5/25/00 (707) 584-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)