

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006752

1. Entity Name

EXPORTERS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90105 035 \*\*\*150.00

Principal Place of Business

315 NW BERA AVE.  
 KEYSTONE HEIGHTS FL 32656

Mailing Address

315 NW BERA AVE.  
 KEYSTONE HEIGHTS FL 32656-9578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3583967

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURRAY, GEORGE  
 315 NW BERA AVE.  
 KEYSTONE HEIGHTS FL 32656

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 PD ☐ Delete  
 NAME FENTON, DARYL  
 STREET ADDRESS U1.SZCZECINSKIEJ 11B  
 CITY-ST-ZIP 71-440 SZCZECIN POLAND

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

TITLE V ☐ Delete  
 NAME MURRAY, GEORGE  
 STREET ADDRESS 315 NW BERA AVE.  
 CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE SD ☐ Delete  
 NAME GINTER, GARY  
 STREET ADDRESS 5840 W. MIDWAY PARK  
 CITY-ST-ZIP CHICAGO IL 60644

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

TITLE AS ☐ Delete  
 NAME MOSHER, MICHAEL P  
 STREET ADDRESS 19 S. LASALLE, STE. 1400  
 CITY-ST-ZIP CHICAGO IL 60603

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

TITLE TD ☐ Delete  
 NAME RITCHIE, MARK  
 STREET ADDRESS 27220 DARRELL RD.  
 CITY-ST-ZIP WAUCONDA IL 60084

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

TITLE AT ☐ Delete  
 NAME RUPP, TERRI  
 STREET ADDRESS 7212 OAK LAKE  
 CITY-ST-ZIP RIVER FOREST IL 60089

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 120 South Harvey  
 CITY-ST-ZIP Oak Park, IL 60302

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

Date

Daytime Phone #

CR2E034 (9/99)