

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90422 007 ***150.00

DOCUMENT # F98000006857

1. Entity Name

CENTER BEAM FLAT CAR COMPANY, INC.



DO NOT WRITE IN THIS SPACE

94063961

2. Principal Place of Business

240 BANYAN ROAD

3. Mailing Address

240 BANYAN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

65-0816409

Applied For

Not Applicable

Zip

33480

Country

Zip

33480

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VALDES-FAULT CORPORATE SERVICES, INC.

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

777 S FLAGLER DRIVE

City

WEST PALM BEACH

FL

Zip Code

33401

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PRESIDENT/DIRECTOR
NAME	WILLIAM J. CONDREN
STREET ADDRESS	240 BANYAN ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	SECRETARY
NAME	JIRINA H. EMERSON
STREET ADDRESS	550 ROUTE 164
CITY-ST-ZIP	BREWSTER, NEW YORK 10509
TITLE	TREASURER
NAME	ERNEST J. HAYFIELD, JR.
STREET ADDRESS	445 BLUE MOUNTAIN LAKE
CITY-ST-ZIP	EAST STROUDSBURG, PA 18301
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/20/2004

Date

(561) 832-7566

Daytime Phone #

CR2E034B (12/02)