

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000005199**

1. Entity Name **Fluid Power of Florida, Inc. R**

Principal Place of Business Mailing Address
5500 Old Winter Garden Rd P.O. Box 616662
Orlando, Florida 32811 Orlando, FL 32861

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. # etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent

William C. WARNER
3052 BAY TREE DR.
Orlando, FL 32806

4. FEI Number **59-3515338** Applied For Not Appt cable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 use 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

TITLE **William C. WARNER Pres.** ☐ Delete
 NAME
 STREET ADDRESS **3052 BAY TREE DR.**
 CITY-ST-ZIP **Orlando, FL 32806**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **TRACY REEFER**
 STREET ADDRESS **3855 SHADOW WIND WAY**
 CITY-ST-ZIP **GOTHA, FL 34734**

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

TITLE ☐ Change ☐ Addition
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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: **William C. Warner William C. WARNER Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/25/00** Daytime Phone # **407-298-5156**

08-03-2000 90003 030 ***158.75

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

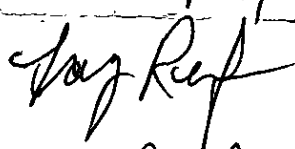
CR2034 (9/99)

FLUID POWER OF FLORIDA

5500 OLD WINTER GARDEN RD.
ORLANDO FL. 32811

PH (407)298-5156
FAX (407)296-8649

The first notice we received of our annual uniform business report was on July 6. We never received the first notice in January so we had no idea that it had to be filed or any payments were due. As soon as we received the notice in July we contacted your office and sent the payment the next day. We are sorry for the inconvenience and want to clear this matter up as soon as possible.

Thank You,

Tracy Reeder