

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G85135

1. Entity Name

COMMERCIAL CONVEYOR SERVICE, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90026 011 \*\*\*150.00

Principal Place of Business

Mailing Address

115 VISTA BLVD  
ARDEN NC 28704  
US

115 VISTA BLVD  
% FREDERICK J. STINGEL  
ARDEN NC 28704-9457  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

PFAFFENBERGER, W J  
631 US HWY ONE  
SUITE 410  
NORTH PALM BEACH FL 33408

Name

W. J. Pfaffenberger

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

3 Golden Bear Plaza Suite 300

11780 US #1

City

North Palm Beach

FL

Zip Code  
33408

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

2/11/00

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.

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**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	STINGEL, FREDERICK J.	8 CEDAR CHINE	ASHEVILLE NC	<input type="checkbox"/>
STD	STINGEL, JANET	8 CEDAR CHINE	ASHEVILLE FL	<input type="checkbox"/>
V	STINGEL, JOHN	14 BENT OAK	ASHEVILLE NC	<input type="checkbox"/>
V	STINGEL, JEFF	115 VISTA BLVD	ARDEN NC	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Frederick J. Stingel	21 Cedar Hill	Asheville, NC 28803	<input type="checkbox"/>	<input type="checkbox"/>
S/T/D	Janet S. Stingel	21 Cedar Hill	Asheville, NC 28803	<input type="checkbox"/>	<input type="checkbox"/>
V/D	John Stingel	614 Holt Lane	Asheville, NC 28803	<input type="checkbox"/>	<input type="checkbox"/>
V/D				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

Janet S. stingel, Treasurer, February 3, 2000

CR2E034 (9/99)