

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91331 010 ***150.00

DOCUMENT # G85135

1. Entity Name

COMMERCIAL CONVEYOR SERVICE, INC.

Principal Place of Business

Mailing Address

115 VISTA BLVD
ARDEN NC 28704
US

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

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

7. Name and Address of New Registered Agent

PFAFFENBERGER, W. J.
3 GOLDEN BEAR PLAZA
SUITE 300
NORTH PALM BEACH FL 33408

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, 2001 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
NAME STINGEL, FREDERICK J.
STREET ADDRESS 8 CEDAR CHINE
CITY-ST-ZIP ASHEVILLE NC ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 21 Cedar Hill Drive
CITY-ST-ZIP Asheville, NC 28803

TITLE STD
NAME STINGEL, JANET
STREET ADDRESS 8 CEDAR CHINE
CITY-ST-ZIP ASHEVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 21 Cedar Hill Drive
CITY-ST-ZIP Asheville, NC 28803

TITLE V
NAME STINGEL, JOHN
STREET ADDRESS 14 BENT OAK
CITY-ST-ZIP ASHEVILLE NC ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 614 Holt Lane
CITY-ST-ZIP Asheville, NC 28803

TITLE V
NAME STINGEL, JEFF
STREET ADDRESS 115 VISTA BLVD
CITY-ST-ZIP ARDEN NC ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Janet S. Stingel, Treasurer, 2/16/01 828-654-8900

Date

Daytime Phone #

CR2E034 (10/00)