

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H27403

1. Entity Name

CONVEYOR SYSTEMS, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90037 018 \*\*\*550.00

Principal Place of Business

2801 WEST AIRPORT BLVD.  
SANFORD FL 32771

Mailing Address

2801 WEST AIRPORT BLVD.  
SANFORD FL 32771

2. Principal Place of Business

249 BUENA VISTA ST

3. Mailing Address

249 BUENA VISTA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEBARY, FL.

City & State

DEBARY, FL.

Zip

32713

Country

USA

Zip

32713

Country

USA

4. FEI Number

59-2460213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARTELL, THOMAS J  
675 PASATIEMPO POINT  
III  
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name HARRINGTON, LEE D.

Street Address 249 BUENA VISTA ST

City DEBARY

FL

Zip Code 32713

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
NAME BARTTELL, THOMAS J  
STREET ADDRESS 675 PASATIEMPO POINT-III  
CITY-ST-ZIP LAKE MARY FL 32746 ☒ Delete

TITLE V  
NAME HICKMAN, CHARLES D  
STREET ADDRESS 555 LEAN ST  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HARRINGTON, LEE D. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 249 BUENA VISTA ST  
CITY-ST-ZIP DEBARY, FL 32713

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

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

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

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

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

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: LEE D. HARRINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)