

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J33784

1. Entity Name

LIQUID FILTRATION CONSULTANTS NORTH AMERICA, INC

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90148 027 ***150.00

Principal Place of Business

Mailing Address

305-B SCARLET BLVD
OLDSMAR FL 34677
US

20000 GOVERNORS DRIVE
OLYMPIA FIELDS IL 60461
US

2. Principal Place of Business

2508 Success Drive

3. Mailing Address

20000 Governors Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

Odessa, FL.

City & State

Olympia Fields, IL.

4. FEI Number

59-2722381

Applied For

Not Applicable

Zip

33556

Country

U.S.A.

Zip

60461

Country

U.S.A.

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

HAMILTON, THEODORE J ESQUIRE
400 N. TAMPA STREET., STE 2625 PARK TOWER
TAMPA FL 33602

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 ☐ Delete
NAME DEBERT, THOMAS W
STREET ADDRESS 20000 GOVERNORS DRIVE
CITY-ST-ZIP OLYMPIA FIELDS IL 60461-1074

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

TITLE STD ☐ Delete
NAME LORIG, ALAN S
STREET ADDRESS 20000 GOVERNORS DRIVE
CITY-ST-ZIP OLYMPIA FIELDS IL 60461-1074

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

TITLE D ☐ Delete
NAME VELDKAMP, FRANK
STREET ADDRESS 20000 GOVERNORS DRIVE
CITY-ST-ZIP OLYMPIA FIELDS IL 60461-1074

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

TITLE D ☐ Delete
NAME SCHUURING, ROBERT
STREET ADDRESS 20000 GOVERNORS DRIVE
CITY-ST-ZIP OLYMPIA FIELDS IL 60461-1074

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

Date

Daytime Phone #

CR2E034 (10/00)