

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K30572

1. Entity Name

RANGE PROCESS EQUIPMENT OF FLORIDA, INC.

FILED

Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90204 041 \*\*\*150.00

Principal Place of Business

Mailing Address

~~6544 US 41 NORTH~~  
~~SUITE 104B~~  
~~APOLLO BEACH FL 33572~~  
~~US~~

~~P.O. BOX 700~~  
~~RIVERVIEW FL 33568-0700~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

5118 N. 56TH ST.

5118 N. 56TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

115

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

33610

U.S.  
ALLSOUTHROUGH

Zip

Country

33610

U.S.

4. FEI Number

59-2913460

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

PYLE, TERRENCE F., P.A.  
707 DEL WEBB BOULEVARD  
SUN CITY CENTER FL 33573

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HANSON, HERBERT C	
STREET ADDRESS	6544 US 41 N #104B	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUTTER, MARK E	
STREET ADDRESS	6544 US 41N, #104B	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SIMONSON, SUSAN M	
STREET ADDRESS	6544 U S 41 N 104B	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5118 N 56th St Suite 115	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5118 N 56th St Suite 115	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mark E. Rutter, UBR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK E. RUTTER 03-31-00 635-9844

CR2E034 (9/99)