2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K89845 Aug 10, 2000 8:00 am Secretary of State 1. Entity Name AIR BRAKE SPECIALISTS, INC. 08-10-2000 90004 041 ***150.00 Principal Place of Business Mailing Address 1609 N. 31 STREET C/O SUNCOAST ACCOUNTING SERVICES TAMPA FL 33605-5734 5116 N. ARMENIA AVE. TAMPA FL 33603-1406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2948998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARCOPA, JACK Street Address (P.O. Box Number is Not Acceptable) C/O SUNCOAST ACCOUNTING SERVIVES, INC. 5116 N. ARMENIA AVE. TAMPA FL 33603-1406 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or regis SIGNATURE Signature, typed or printed name of registered agent and title i DATE 9. This corporation is eligible to satisfy its Intang 10. Election Campaign Financing \$5.00 May Be BER 13, 2000 I If be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees ent of State (See criteria on back) CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFIC DΡ ☐ Addition TITLE ZWAK, DARRYL NAME 1609 N. 31 SI STREET ADDRESS CITY-ST-ZIP TAMPA FL 5605-5734 Change ☐ Addition TITLE **EDWARD** NAME 9 N. 31 STREET STREET ADDRESS AMPA FL 33605-5734 CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empow SIGNATURE: Daytime Phone

Air Brake Specialists, Incorporated 1609 North 31st Street
Tampa, Florida 33605-5734

July 21, 2000

RE: 2000 UNIFORM BUSINESS REPORT

Florida Department of State Division of Corporations Annual Reports Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

Dear Sir or Madam,

This is in regard to the delinquent filing of our 2000 Uniform Business Report (enclosed, with our check for \$150).

All of our tax-related correspondence is sent to our accounting firm (Suncoast Accounting Services). They received the original UBR on January 4, 2000 and mailed it to us on January 6, 2000.

On April 18, 2000, I completed and signed the original UBR, issued our check number 10124 (for \$150), and mailed it in the envelope you provided (a copy of this original report and the check is enclosed herein).

As of this date, our bank tells us that this check has yet to clear.

In an attempt to rectify this situation, I have issued another check for \$150 (#011513). This check and the second UBR are enclosed herein.

As the result of these events, we respectfully request that you abate the late fees and accept the enclosed check in payment of our 2000 UBR fee.

Please call me should you have any questions.

et 20

Sincerely,

Edward M. Zwak Vice-President

2000 UNIFORM BUSINESS REPORT (UBR)						Tho number		
DOCUMENT # K89845 1. Entity Name AIR BRAKE SPECIALISTS, INC.						RECEIVED JAN 4 2000		
			YO SUNCOAST ACCOUNTING SERVICES >-			SUNCOAST ACCOUNTING SERVICES		
Tampa FL 33605-5734 US		TAMPA FL 33	5116 N. ARMENIA AVE. Tampa Fl. 33803-1406					•
2 Principal 6	Place of Business	US 3. Maing Ai	ddrone	25	-Ro			
Suite, Apt #, etc.				O.	1			
Suite, Apt	#, etc.	Suite, Apt	. ≢, elc.	6,0	9	DO NOT WRIT	E IN THIS SPACE	
City & State Zip Country		City & Sta	City & State			4. FEI Number 59-2948998 Applied For Nrtt Applied		
		Zιρ				5. Certificate of Status Desired	S8.75 A	dditional
	6. Name and Address of C	urrent Registered Age	4	Name		7. Name and Address of New Ro		
	COPA, JACK				ddrose /P	O. Box Number is Not Acceptable)		
	SUNCOAST ACCOUNTING IN ARMENIA AVE.	SERVIVES, INC.	• *	Jan Cery	udiess (r.			
	PA FL 33603-1406				City El Zio		⊑I Zip Co	Code
. The above	named entity submits this state	ment for the purpose of	changing its rec	I	registere	d agent, or both, in the State of Flor	F L	
						4	.,	
SIGNATURE .	Signature: typed or presed herre of register	ed agent and lithe & applicable	(NUTE Ar	guared Agent's gra	re regured a	rhen (einsteinig)	DATE	 -
Tax filing r	oration is eligible to satisfy its Int requirement and elects to do so.	angible CAfte	MAY 1, 2000	FEE IS \$150.	00	10. Election Campaign Fina		00 Мау Ве
	na on back)	Make C	heck Payable	to Departmen	ForState	2 1	. LJ Adde	d to Fees
TLE	DR DV	IS AND DIRECTORS	Delete	TITLE	DV	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
ALLE . Treet adoress	ZWAK, DARRYL 1609 N. 31 STREET		ļ	NAME STREET ADDRESS			/	
iv-51-2#	TAMPA FL 33605-5734	<u> </u>		CITY-51-ZIP				
TLE AME	ZWAK, EDWARD	L	Delete .	TITLE	DP	_	Change	Addition
TY-5T-7IP	1609 N. 31 STREET TAMPA FL 33605-5734		ŀ	STREET ADDRESS CITY - ST - ZIP				
TI E] Criete	TITLE NAME			Change	☐ Addition
TREET ADDRESS			- 1	STREET ADDRESS CITY-ST-ZP		•		
m.E			Detete	TIFLE	••	la la	☐ Change	noil btA 🔲
TREET ADOPESS				NAME STREET ADDRESS		ODW		•
TLE				CITY-S1-ZIP		CIII		
AME .			Delete	TITLE NAME	, F	O	☐ Change	Addition
PEET ADDRESS TY+ST-ZIP		•		CITY-ST	N . N	₩		
hi.			Deleta	TITLE NAME	B.A.		☐ Change	Addition
ZZBROGA TBBRT		•	. ,	STREET ADDRESS CITY-ST-ZIP		-	•	
TY-\$1-71P	orbity that the information supplies		ot qualify for the	exemption state		on 119 07(3Xi), Florida Statutes 1 fi ne legal effect as if made under oa lorida Statutes; and that my name a		
of the corp changed, o	oration or the receiver or trustoe or on an attachment with an add	ress, with all other in	mpowered.	? Г;	ACT 001.1	4-18.00	appears in Block 11 o	Block 12 if
3. I hereby co	oration of the receiver or frustoe or on an attachment with an add	ED OR PRINTED NAME OF SIGN	(<u>) [</u> [[T)	ACT 007.1	4-18-00 Date	Dayine From a	r Block 12 il

#010124# #063107513#2173080014640#

🗎 🛅 SECURITY FEATURES INCLUDED, DETAILS ON BACK. 🛅 🖩