

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89215

1. Entity Name

C4 CARBIDES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90053 047 ***150.00

Principal Place of Business

15950 BAY VISTA DRIVE
STE 360
CLEARWATER FL 33760
US

Mailing Address

15950 BAY VISTA DRIVE
SUITE 360
CLEARWATER FL 33760-3117
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2928592

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME CUMBERLAND, JOHN P
STREET ADDRESS 33 NEW ROAD
CITY-ST-ZIP ESHER SURREY KT10 9PC UK ☒ Delete

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

TITLE S
NAME BALL, KEVIN R
STREET ADDRESS 7 BALLARD CLOSE
CITY-ST-ZIP MILTON CAMBRIDGE CB4 6DW UK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MILTON CAMBRIDGE CB4 6DW UK ☒ Change ☐ Addition

TITLE VP
NAME NICOLSON, ROBERT L.
STREET ADDRESS 9 SETCHELL CLOSE, GRAVELY
CITY-ST-ZIP HUNNINGTON UK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP HUNTINGDON PE18 9PT UK ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT
NAME NICOLSON PETER J
STREET ADDRESS 4 BURDETT PLACE, GEORGE STREET
CITY-ST-ZIP HASTINGS TN34 3ED UK ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 supplement 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 21ST 2000

CR2E034 (9/99)