2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N12112** May 08, 2000 8:00 am 1. Entity Name Secretary of State AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIET 05-08-2000 90143 025 ****61.25 Mailing Address Principal Place of Business P.O. BOX 20929 P.O. BOX 20929 ST. PETERSBURG FL 33742-0929 ST. PETERSBURG FL 33742 3. Mailing Address 2. Principal Place of Business OVES GANAY BUUD N 10V65 BANDY ALV) Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. H 1105 1105 4. FEI Number City & State Applied For City & State 59-2243338 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD ____ EASALL Street Address (P.O. Box Number is Not Acceptable) **BUELL, BRUCE** 701 S. EDISON AVENUE #101 TAMPA FL 33606 DETRRIBUTC 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. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be

FEE IS \$61.25		irust runa Contribution.		Added to Fees	O Fees Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	☐ Delete	TITLE	PD		Change	☐ Addition
NAME	BLOOD, BARRY		NAME	COLYAR,	RICHARA BTH BRIVE		
STREET ADDRESS	2055 ATTACHE COURT		STREET ADDRESS				
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP	PALITET	FO FLORIDA	アチレ	ا
TITLE	D, .	☐ Delete	TITLE			Change	Addition
NAME	KILTY, GERALD		NAME	ESAM	6 .		
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD	₩.	_ STREET ADDRESS	////			
CITY-ST-ZIP	CLEARWATER FL 33761		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE	TD		Change	Addition
NAME	BUELL, BRUCE		NAME	EDSALY	RICHAMA ANDY BLUA	M	
STREET ADDRESS	888 EXECUTIVE CENTER DR., #10	1	STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33702		CITY-ST-ZIP		ERMBURG	F C 3	<u> 40 (</u>
TITLE	VPD	☐ Delete	TITLE	UPD	,	hange	Addition
NAME	COLYAR, RICK		NAME	BEAELS	54/160	¥ >c	2 0
STREET ADDRESS	6215 68TH DRIVE E.		STREET ADDRESS	7445 17º	ARINAKTIS		-
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	TATILA	TADES ARINGRAT, FLORIDA	2200	<u>, </u>
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>		
TITLE	1	☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS	ĺ			

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

CITY-ST-ZIP