

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0061072

05-01-2001 90104 020 ****61.25

DOCUMENT # N12112

1. Entity Name

AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIET

Principal Place of Business

10265 GANDY BLVD N
 #1105
 SAINT PETERSBURG FL 33702
 US

Mailing Address

10265 GANDY BLVD N
 #1105
 SAINT PETERSBURG FL 33702
 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

59-2243338

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDSALL, RICHARD G
10265 GANDY BLVD N
#1105
SAINT PETERSBURG FL 33702

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **COLYAR, RICHARD**
 STREET ADDRESS **6415 68TH DRIVE PASS**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **PD** Change Addition
 NAME **COLYAR, RICHARD**
 STREET ADDRESS **6415-68TH DRIVE EAST**
 CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **D** Delete
 NAME **KILTY, GERALD**
 STREET ADDRESS **2519 MCMULLEN BOOTH ROAD**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **EDSALL, RICHARD**
 STREET ADDRESS **10267 GANDY BLVD N #1105**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **TD** Change Addition
 NAME **EDSALL, RICHARD**
 STREET ADDRESS **10267 GANDY BLVD N, #1105**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **VPD** Delete
 NAME **SANES, BEDELL**
 STREET ADDRESS **5445 17A RINER ST #300**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VPD** Change Addition
 NAME **BEDELL SANES**
 STREET ADDRESS **1769 DRUID ROAD EAST**
 CITY-ST-ZIP **CLEARWATER FL 33756**

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

12. 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 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.

SIGNATURE: *Richard G Edsall* **RICHARD G EDSALL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/01 (70) 1-726-4304

CR2E037 (10/00)