

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90057 002 \*\*\*\*61.25

**DOCUMENT # N26719**

1. Entity Name

**KDL INDUSTRIAL ASSOCIATION, INC.**

Principal Place of Business

**3315 INDUSTRIAL 25TH ST.  
FT. PIERCE FL 34946  
US**

Mailing Address

**3315 INDUSTRIAL 25TH ST.  
FT. PIERCE FL 34946  
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

**59-2821929**

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

**MOTEL, SIDNEY B.  
2131 S.E. ABCOR ROAD  
PORT ST. LUCIE FL 34952**

Name

**DEADMAN, THOMAS G.**

Street Address (P.O. Box Number is Not Acceptable)

**4702 EAGLE DRIVE**

City

**FORT PIERCE**

**FL**

Zip Code

**34951**

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 **THOMAS G. DEADMAN**

Signature, typed or printed name of registered agent and title if applicable.

*Thomas G. Deadman*

(NOTE: Registered Agent signature required when reinstating)

**1-23-01**

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 **MOTEL, SIDNEY B.**  
STREET ADDRESS **2131 S.E. ABCOR ROAD**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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

TITLE **VD** ☐ Delete  
NAME **HOGAN, MICHAEL D**  
STREET ADDRESS **41 SOVEREIGN WAY**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **DEADMAN, THOMAS G**  
STREET ADDRESS **4702 EAGLE DR**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE **D** ☐ Delete  
NAME **GALBRAITH, WALTER K**  
STREET ADDRESS **3120 N A1A., PH3-4**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE **VICE PRESIDENT/DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **MOTEL, BEATRICE**  
STREET ADDRESS **2131 S.E. ABCOR ROAD**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ULLOA, RAMON**  
STREET ADDRESS **4658 S.W. HAMMOCK CREEK ROAD**  
CITY-ST-ZIP **PALM CITY, FL 34990**

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: *Thomas G. Deadman* **THOMAS G. DEADMAN**

**1-23-01 561-465-4302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)