

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48325

1. Entity Name

AMERICAN ELECTROPLATERS AND SURFACE FINISHERS SO

Principal Place of Business

12644 RESEARCH PARKWAY
ORLANDO FL 32826-3298

Mailing Address

12644 RESEARCH PARKWAY
ORLANDO FL 32826-3298

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

59-3350452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITT, TED
12644 RESEARCH PKWY
ORLANDO FL 32826

7. Name and Address of New Registered Agent

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

TITLE PD
NAME FRANK, PAUL L ☒ Delete
STREET ADDRESS 2935 COBBLESTONE DR.
CITY-ST-ZIP CUMMING GA 30041

TITLE SD
NAME WITT, TED ☐ Delete
STREET ADDRESS 3100 MCEWAN LANE
CITY-ST-ZIP ORLANDO FL

TITLE TD
NAME CASSELL, S.O. ☐ Delete
STREET ADDRESS 4323 S WESTERN BLVD
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME LEMKE, KEN
STREET ADDRESS 3455 HARVESTER RD UNIT 22
CITY-ST-ZIP BURLINGTON ONTARIO CANADA L7N 3P2

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

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

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

TITLE ☐ Change ☐ Addition
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: SIGNATURE REQUIRED WITT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

407/281-6441

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90243 033 ****61.25



DO NOT WRITE IN THIS SPACE

0027784

CR2E037 (10/00)