

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0068447

**DOCUMENT # N48325**

1. Entity Name

**AMERICAN ELECTROPLATERS AND SURFACE FINISHERS SO  
 CIETY OF FLORIDA, INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 **SD** ☐ Delete  
 NAME **WITT, TED**  
 STREET ADDRESS **3100 MCEWAN LANE**  
 CITY-ST-ZIP **ORLANDO FL 32812-6849**

TITLE **TD** ☒ Delete  
 NAME **CASELL, S.O**  
 STREET ADDRESS **4323 S WESTERN BLVD**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE **PD** ☒ Delete  
 NAME **LEMKE, KEN**  
 STREET ADDRESS **3455 HARVESTER RD UNIT 22**  
 CITY-ST-ZIP **BURLINGTON ONTARIO CANADA L7-N3P2**

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

TITLE **TD** ☒ Change ☐ Addition  
 NAME **John J. Maliszewski**  
 STREET ADDRESS **5230 S. 13th St.**  
 CITY-ST-ZIP **Milwaukee, WI 53221**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Howard L. Saunders**  
 STREET ADDRESS **295 Driftwood Ave.**  
 CITY-ST-ZIP **Nashville, TN 37210**

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:

*Ted Witt* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-01-02 (407) 281-6441*

CR2E037 (9/01)