

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001319

1. Entity Name

COMPRESSOR DISTRIBUTORS ASSOCIATION, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90095 047 \*\*\*\*61.25

Principal Place of Business

412 HARBOR VIEW LANE  
LARGO FL 33770

Mailing Address

412 HARBOR VIEW LANE  
LARGO FL 33770-4009

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

59-3561683

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

GILLIAM, MARGOT J  
412 HARBOR VIEW LANE  
LARGO FL 33770

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	Director	<input type="checkbox"/> Delete
NAME	ED BALL	
STREET ADDRESS	5623 W. Yellowstone Hwy.	
CITY-ST-ZIP	Casper, WY 82402-2880	
TITLE	Director	<input type="checkbox"/> Delete
NAME	JACK Bertels Meyer	
STREET ADDRESS	201 SON VALLEY Circle	
CITY-ST-ZIP	Fenton, MO 63026-4104	
TITLE	Director	<input type="checkbox"/> Delete
NAME	George Borsh	
STREET ADDRESS	731 E. Market St	
CITY-ST-ZIP	Jettison Hill, IN 47130	
TITLE	President	<input type="checkbox"/> Delete
NAME	Tom Mays	
STREET ADDRESS	4533 West North Avenue	
CITY-ST-ZIP	Melrose Park, IL 60160	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Ken Byrd	
STREET ADDRESS	108 Gateway Road	
CITY-ST-ZIP	Bensenville, IL 60106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Margot J. Gilliam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/2000 727-586-3693

CR2E037 (9/99)