

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07996

1. Entity Name

S & K / AIR POWER TOOL AND SUPPLY CORP.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90140 013 \*\*\*150.00

Principal Place of Business

Mailing Address

EAST ROUTE 316  
POST OFFICE BOX 1279  
MATTOON IL 61938

EAST ROUTE 316  
POST OFFICE BOX 1279  
MATTOON IL 61938-1279

608938



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-0895596

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTUGAL, DON	
STREET ADDRESS	317 DEWITT AVE. E.	
CITY-ST-ZIP	MATTOON IL 61938	
TITLE	V	<input type="checkbox"/> Delete
NAME	STACEY, GARY	
STREET ADDRESS	660 BRITTANY CT	
CITY-ST-ZIP	MOUNT ZION IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAPLAN, ROBERT	
STREET ADDRESS	629 E. MAIN ST.	
CITY-ST-ZIP	RICHMOND VA 23218	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOODMAN, ROBIN V	
STREET ADDRESS	2900 DEEPWATER RD.	
CITY-ST-ZIP	RICHMOND VA 23218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Don Portugal* Pres. DON PORTUGAL 1/18/00 217-258-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #