

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11124

1. Entity Name

WHITE MOP WRINGER COMPANY

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90036 010 \*\*\*150.00

Principal Place of Business

Mailing Address

10702 N. 46TH ST  
P.O. BOX 16647  
TAMPA FL 33687  
US

10702 N. 46TH ST  
P.O. BOX 16647  
TAMPA FL 33687-6647  
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

14-1620611

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME VTS  
STREET ADDRESS HALLUSKA, THOMAS  
CITY-ST-ZIP 18007 CLEAR LAKE DR.  
LUTZ FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CALLAHAN, PATRICK  
CITY-ST-ZIP 200 W. MADISON ST  
CHICAGO IL

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS BAKER, JEFFREY J.  
CITY-ST-ZIP 46 JENNIFER RD.  
GLENVILLE NY

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS SCHNEIDER, ROBERT  
CITY-ST-ZIP 2413 BAY SHORE BLVD #1703  
TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 28 LONG CREEK DRIVE  
CITY-ST-ZIP BRYANT HILLS NY 12027

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS EUKOVICH, ROBERT  
CITY-ST-ZIP 2632 BRIDLE DR  
PLANT CITY FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Thomas R. Halluska*  
CFO

THOMAS R. HALLUSKA

1/7/00

813-971-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)