

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 3

DOCUMENT # P12198

FILED

00 APR 28 AM 8:36

1. Entity Name
Macro-Flo Co.

Principal Place of Business
CONTINENTAL DR. N
OLIVE NJ 07828-1234

Mailing Address
3000 CONTINENTAL DR. N
MOUNT OLIVE NJ 07828-1202
US

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3000 Continental Dr. N.
Suite, Apt. #, etc.

3. Mailing Address
3000 Continental Dr. - N.
Suite, Apt. #, etc.

City & State
Mount Olive, NJ

Zip Country
07828

City & State
Mount Olive, NJ

Zip Country
07828

4. FEI Number
58-1547724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Michael D. Allen
5925 Imperial Pkwy, Suite 130
Mulberry, FL 3386024

7. Name and Address of New Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
Plantation, FL 33324
City Plantation, FL 3332 FL Zip Code 33324

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.

C T Corporation System
By: *Connie Bryan* **CONNIE BRYAN**
SIGNATURE SPECIAL ASSISTANT SECRETARY
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE April 28, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer Carlton E. Formby 530 Oak Court Drive, Suite 100 Memphis, TN 38117-2099	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Thomas Y. Allman 3000 Continental Drive - N. Mount Olive, NJ 07828-1234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mark A. Kerschner 3000 Continental Dr. - N. Mount Olive, NJ 07828-1234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Philip E. Kaplan 3000 Continental Drive - N. Mount Olive, NJ 07828-1234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****150.00 ****150.00

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 *Philip E. Kaplan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 (973)426-3068