

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14037

1. Entity Name

MAKO COMPRESSORS, INC.

Principal Place of Business

1634 S.W. 17TH STREET  
OCALA FL 34474  
US

Mailing Address

P.O. DRAWER 1630  
OCALA FL 34478  
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 59-2859181

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	VARNER, WILLIAM L JR	
STREET ADDRESS	211 EAST RUSSELL RD	
CITY-ST-ZIP	SIDNEY OH 45365	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	SPOOL, JAMES	
STREET ADDRESS	1583 SEAWIND DRIVE	
CITY-ST-ZIP	CHARLESTON SC 29407	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GREGORY M	
STREET ADDRESS	33 COMMERCIAL STREET	
CITY-ST-ZIP	FOXBORO MA 02035-2099	
TITLE	VPGM	<input checked="" type="checkbox"/> Delete
NAME	LEESON, ROBERT W	
STREET ADDRESS	3008 S E 23RD AVENUE	
CITY-ST-ZIP	OCALA FL 34474	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HITT	
STREET ADDRESS	6189 GREY FRIAR WAY	
CITY-ST-ZIP	DUBLIN, OH	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN SHUR	
STREET ADDRESS	15215 TURNBERRY DRIVE	
CITY-ST-ZIP	Brookfield, WI	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS JANSEN	
STREET ADDRESS	2953 W BRIARWOOD DRIVE	
CITY-ST-ZIP	FRANKLIN, WI	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin M. Shur

Jan 10, 2001

Date

414-643-7234

Daytime Phone #

0419982

CR2E034 (10/00)

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90003 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE