

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90146 040 ***150.00

DOCUMENT # P19046
1. Entity Name
PNEUMATIC PRODUCTS CORPORATION

Principal Place of Business

EXECUTIVE PARK
4647 S.W. 40TH AVENUE
OCALA FL 32674

Mailing Address

301 S COLLEGE STREET
SUITE 2300
CHARLOTTE NC 28202-6039
US

2. Principal Place of Business

3. Mailing Address

700 Terrace Point Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Muskegon MI

4. FEI Number

59-2883645

Applied For

Not Applicable

Zip

Country

Zip

Country

49443

USA

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

C T CORPORATION SYSTEM
1200 SOUTH 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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VAST
GELINAS, MICHAEL E
4647 SW 40 AVENUE
OCALA FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
James Doherty
700 Terrace Pt. Dr.
Muskegon, MI 49443

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DOHERTY, J P
4647 SW 40 AV
OCALA FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Patrick J. O'Leary
700 Terrace Pt. Dr.
Muskegon, MI 49443

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
MAGEE, R.L
2300 ONE FIRST UNION CENTER
CHARLOTTE NC 28202-6039

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D
Christopher J. Kearney
700 Terrace Pt. Dr.
Muskegon, MI 49443

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIFFITHS, W C
2300 ONE FIRST UNION CTR
CHARLOTTE NC 34474-5799

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/F/D
Ron Winowiecki
700 Terrace Pt. Dr.
Muskegon, MI 49443

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BLOCKSOM, D C
4647 SW 40TH AVENUE
OCALA FL 34474

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Patrick J. O'Leary
VP/Director

Date

4-14-02
231-724-5000

Daytime Phone #

CR2E034 (9/01)