

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90096 038 ***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
700 TERRACE POINT DR.
MUSKEGON MI 49443
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

13515 Ballantyne Corporate Place
Charlotte, NC 28277

City & State

City & State

4. FEI Number **59-2883645**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DOHERTY, JAMES	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI 49443	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'LEARY, PATRICK J	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI 49443	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KEARNEY, CHRISTOPHER J	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI 49443	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WINOWIECKI, RON	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI 49443	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	Charlotte, NC 28277	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	Charlotte, NC 28277	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	Charlotte, NC 28277	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	Charlotte, NC 28277	
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Giza	
STREET ADDRESS	13515 Ballantyne Corporate Place	
CITY-ST-ZIP	Charlotte, NC 28277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD GIZA

4/2/03

231-724-5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)