

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
 03-03-2002 90126 018 \*\*\*158.75

**DOCUMENT # P20518**

1. Entity Name  
**AMERICAN METAL REFINISHERS, INC.**

Principal Place of Business

**504 N HUDSON ST  
 ORLANDO FL 32835  
 US**

Mailing Address

**504 N HUDSON ST  
 ORLANDO FL 32835  
 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 **36-3489805**

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

**SANTELER, JEFFREY R  
 1081 S. HIAWASSEE RD.  
 NO. 715  
 ORLANDO FL 32835**

Name **JEFF SANTELER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1731 SPARKLING WATER CIRCLE**  
 City **OCFEE** FL Zip Code **34761**

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]*  
 Signature of agent or printed name of registered agent and title if applicable.

*[Signature]*  
 (Not for Registered Agent signature required when reinstating)

**2/18/02**  
 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 **P** ☐ Delete  
 NAME **SANTELER, JEFFREY**  
 STREET ADDRESS **1081 S HIAWASSEE RD NO. 715**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Santeler, Jeffrey**  
 STREET ADDRESS **1731 Sparkling Water Circle**  
 CITY-ST-ZIP **Ocoee, FL 34761**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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: *[Signature]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/02 407-294-7880**  
 Date Daytime Phone #

0100730 AV

CR2E034 (9/01)