

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90298 037 \*\*\*150.00

**DOCUMENT # P22151**

1. Entity Name  
**INDUSCO SOUTH, INC.**

Principal Place of Business  
**429 TALLEYRAND AVE.  
 JACKSONVILLE FL 32202-1129**

Mailing Address  
**C/O STEPHEN A. HOULD  
 444 THIRD ST.  
 NEPTUNE BEACH FL 32266**

**645364**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2921119**

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

**HOULD, STEPHEN A  
 444 THIRD STREET  
 NEPTUNE BEACH FL 32266**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-instating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **ROSENBLATT, HOWARD**  
 STREET ADDRESS **1200 W. HAMBURG STREET**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
 NAME **EMANUEL, HORN**  
 STREET ADDRESS **1200 W. HAMBURG STREET**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Horn, Emanuel**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **DUFRENE, OTIS**  
 STREET ADDRESS **1200 W. HAMBURG STREET**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SCHLOSS, HOWARD**  
 STREET ADDRESS **1200 W HAMBURG ST**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE **VSD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTD** ☐ Delete  
 NAME **SINGER, PAUL N**  
 STREET ADDRESS **1200 W HAMBURG ST**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **West-McGee, Teresa**  
 STREET ADDRESS **429 Talleyrand Avenue**  
 CITY-ST-ZIP **Jacksonville, FL 32202**

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:

*Howard Rosenblatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2001

Date

410-727-0665

Daytime Phone #

CR2E034 (10/00)