## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P25273 FILED BREVARD COUNTY WINDUSTRIAL CO. 00 MAR -2 AM 9: 26 Mailing Address Principal Place of Business SECRETARY OF STATE 1000 HURRICANE SHOALS ROAD N.E. S MULLET DRIVE TALLAHASSEE, FLORIDA --- CANAVERAL FL 32920 BLDG. D. SUITE 500 LAURENCEVILLE GA 30043-4826 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2955197 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FL 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete SETEROFF, RICHARD NAME NAME STREET ADDRESS 7210 US I NORTH #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT ST. JOHN FL Change ☐ Delete TITI F Addition TITLE 000003156140--0 BATTER, WAYNE NAME NAME -04/16/99--90076--033 332 OLD MAPLE AVE. STREET ADDRESS STREET ADDRESS \*\*\*\*550.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP NORTH HAVEN CT ☐ Change ☐ Addition ST TITLE TITLE □ Delete MUEGEL, PHILIP, E. ... NAME NAME STREET ADDRESS 1000 HURRICANE SHOALS ROAD N.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAURENCEVILLE GA 30043 Change Addition TITLE ☐ Delete TITLE OSENBAUGH, JACK NAME NAME STREET ADDRESS 3120 KETTERING BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45439 Addition TITLE ☐ Delete TITLE Change MCINTYRE, JIM NAME NAME STREET ADDRESS STREET ADDRESS 3110 KETTERING BLVD. CITY-ST-ZIP CITY-ST-ZIF **DAYTON OH 45439** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



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February 29, 2000

Brevard County Windustrial Company 1000 Hurricane Shoals Rd, NE, 500,D Lawrenceville, GA 30043

Division of Corporations 409 east Gaines Street Tallahassee, FL 32399 Attn: Leslie Sellers

Ms Sellers.

Enclosed please find our 1999 Uniform Business Report. Per our phone conversation we found that we overpaid 1998 taxes. We paid 550.00 when only 150.00 was due, leaving us a credit balance of 400.00. Please apply 150.00 of the credit due to us to our 1999 taxes due and refund us the balance of 250.00. We appreciate your attention in this matter.

Sincerely,

Philip E. Muegel

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Secretary, Valdosta Winnelson