

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089169

1. Entity Name

EVAFLO FILTERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90218 040 ***150.00

Principal Place of Business

11788-B 66TH STREET NORTH
LARGO FL 33773-5443
US

Mailing Address

P.O. BOX 3075
PINELLAS PARK FL 33780-3075
US

2. Principal Place of Business
4705-95th ST N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL 33708

City & State

4. FEI Number

65-0523876

Applied For

Not Applicable

Zip

33708

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, RICHARD E
9933 39TH ST N
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

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

4705 95th STREET N.

City ST PETERSBURG

FL

Zip Code 33708

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 RICHARD E LEVIN PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4/17/2000
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, 2000 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

TITLE D ☐ Delete
NAME LEVIN, RICHARD E
STREET ADDRESS 9933 39TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☐ Delete
NAME GARCIA, JIM ANTHONY
STREET ADDRESS P O BOX 53359
CITY-ST-ZIP SAN JOSE CA

TITLE D ☐ Delete
NAME LEVIN, ELEANOR
STREET ADDRESS 9933-39TH ST-N
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☒ Delete
NAME GUENTHER, KARL
STREET ADDRESS 2717 SEVILLE BLVD #11-307
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: RICHARD E LEVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000
Date

727-397-7666
Daytime Phone #