

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000008307**1. Entity Name
PROCESSED COMPRESSORS, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90199 010 ***558.75

0088847 AV

Principal Place of Business

3711 W. WALNUT ST
TAMPA FL 33607
US

Mailing Address

3711 W. WALNUT ST
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3302703**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARROLL, JAMES H JR
3711 W WALNUT ST
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARROLL, JAMES H JR 3711 W WALNUT ST TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIBBERT, FRANK 3711 W WALNUT ST TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, PHILIP R 1010 BAY HARBOUR PLACE TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, BETTY M. 3711 W WALNUT ST TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (4/02)