

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017909 ✓

1. Corporation Name

CUB AUTOMATED RESIDUAL SERVICES, INC.

Principal Place of Business

6487 PARKLAND DRIVE
SARASOTA FL 34243
US

Mailing Address

6487 PARKLAND DRIVE
SARASOTA FL 34243
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

65-0762818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6408 Parkland Drive

Suite, Apt. #, etc.

22 Suite 105

23 City & State

Sarasota FL

24 Zip

34243

Country

US

2a. Mailing Address

26 6408 Parkland Drive

Suite, Apt. #, etc.

27 Suite 105

28 City & State

Sarasota FL

Zip

34243

Country

US

9. Name and Address of Current Registered Agent

FELDER, BENJAMIN
RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVE. SOUTH, SUITE 400
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Felder Benjamin

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

1505 N. FLORIDA AVENUE

83

JO KASS HODGES, P.A.

84 City

Tampa

85 Zip Code

FL 33601

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PIANO, ANTHONY C
STREET ADDRESS
6854 WINDHAMMER
CITY-ST-ZIP
BRANDTON FL 34243

TITLE ☐ DELETE

NAME
KRANITZ, RICHARD A
STREET ADDRESS
1238 12TH AVENUE
CITY-ST-ZIP
GRAFTON WI 53024

TITLE ☐ DELETE

NAME
HANSON, RICHARD F
STREET ADDRESS
14100 BORDEAUX BAY
CITY-ST-ZIP
TRAVERSE CITY MI 49686

TITLE ☐ DELETE

NAME
DAVIS, RICHARD A
STREET ADDRESS
9605 N. CRESTWOOD COURT
CITY-ST-ZIP
MEQUON WI 53092

TITLE ☐ DELETE

NAME
JESSEN, LAWRENCE M
STREET ADDRESS
7113 42ND COURT EAST
CITY-ST-ZIP
SARASOTA FL 34243

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in 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 (11/98)