

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017909

1. Entity Name

CUB AUTOMATED RESIDUAL SERVICES, INC.

Principal Place of Business

6408 PARKLAND DRIVE
STE 105
SARASOTA FL 34243
US

Mailing Address

6408 PARKLAND DRIVE
STE 105
SARASOTA FL 34243
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0762818

Applied For

Not Applicable

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

FELDER, BENJAMIN
1505 N FLORIDA AVE
C/O KASS HODGES
TAMPA FL 33601

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.

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 \$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 PIANO, ANTHONY C
STREET ADDRESS 6654 WINDHAMMER
CITY-ST-ZIP BRADENTON FL 34202

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7283 Nacabish Ferry Road
CITY-ST-ZIP BARBERS, MI 49710

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1503 West Market Street
CITY-ST-ZIP MEQUON, WI 53092

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90242 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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