

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056402

1. Entity Name

U. S. SLIDE-FORMING MACHINERY CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90064 014 ***150.00

Principal Place of Business

11934 PASCO TRLS BLVD
SPRING HILL FL 34610
US

Mailing Address

11934 PASCO TRAILS BLVD
SPRING HILL FL 34610-4803
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

59-3445622

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

DECAROLIS, JAMES
11934 PASCO TRLS BLVD
SPRING HILL FL 34160

Name

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

City

FL

Zip Code

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

8. 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P	Delete <input type="checkbox"/>	DECAROLIS, JAMES 11934 PASCO TRLS BLVD SPRING HILL FL 34610	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	Delete <input type="checkbox"/>	DECAROLIS, SUSAN 11934 PASCO TRAILS BLVD SPRING HILL FL 34610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Susan Decapolis 11934 Pasco Trails Blvd. Spring Hill, FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dennis Trepanier 11934 Pasco Trails Blvd. Spring Hill, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan Decapolis/Secretary 4/24/00 813 996 7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)