

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057170

1. Entity Name

STAHLWILLE TOOLS NORTH AMERICA, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90312 018 ***150.00

Principal Place of Business

3916 MURDOCK AVENUE
SARASOTA FL 34231

Mailing Address

3916 MURDOCK AVENUE
SARASOTA FL 34231

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 65-0683261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUM, DEXTER P
4470 LORDS DRIVE
SARASOTA FL 34231

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTER, BRIAN B	
STREET ADDRESS	4835 77TH ST. E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BAUM, DEXTER	
STREET ADDRESS	4470 LORDS DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAUM, CHARLES V	
STREET ADDRESS	876 TARAWITT	
CITY-ST-ZIP	SARASOTA FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAUM, DANA	
STREET ADDRESS	1523 38TH AVENUE	
CITY-ST-ZIP	SAN FRANCISCO CA 94122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, BRIAN B	
STREET ADDRESS	1943 MORRILL	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/29/01

Date

941
927-1414

Daytime Phone #

CR2E034 (10/00)