

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088744

1. Entity Name

FLORIDA CARBIDE AND TOOL SHARPENING, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90088 021 ***150.00

Principal Place of Business

1121 WISCONSIN AVENUE
PALM HARBOR FL 34683

Mailing Address

1121 WISCONSIN AVENUE
PALM HARBOR FL 34683-4344

A0009730

2. Principal Place of Business

400 DOUGLAS RD EAST

3. Mailing Address

811 12TH STREET

Suite, Apt. #, etc.

SUITE B

City & State

OLD SMAR, FL

Zip

34677

Country

FLORIDA

City & State

PALM HARBOR, FL

Zip

34683

Country

FLORIDA

4. FEI Number

59-3412550

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIDLEY, MARCELLA C ESQ.
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	ATHERTON, NORMAN G	
STREET ADDRESS	1121 WISCONSIN AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATHERTON, NORMAN G	
STREET ADDRESS	1121 WISCONSIN AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONROE, MICHAEL	
STREET ADDRESS	7210 MANHATTAN PALMS APT 2023	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, MICHAEL	
STREET ADDRESS	7210 MANHATTAN PALMS APT 2023	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHERTON, NORMAN G.	
STREET ADDRESS	811 12TH STREET	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	811 12TH STREET	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN P. ATHERTON	
STREET ADDRESS	811 12TH STREET	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
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:

Norman G. Atherton
NORMAN G. ATHERTON

Date

Daytime Phone #

1-15-00 813-361-5181

CR2E034 (9/99)