2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000075587** 1. Entity Name AMERICAN SLICK-RAIL CONVEYOR, INC. 05-01-2000 90042 011 ***150.00 Principal Place of Business Mailing Address 4406 S FLORIDA AVD 4406 S FLORIDA AV SUITE 24 SHITE 24 LAKELAND FL 33813 LAKELAND FL 33813-2176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3465546 Not Applicable Zip Country Zip Country **\$8.75**. Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERRANO, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 4406 S FLORIDA AV SUITE 24 LAKELAND FL 33813 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE SERRANO, NELSON I NAME NAME STREET ADDRESS 4406 S FLORIDA AV. STE 24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Change ☐ Addition TITLE ☐ Delete TITLE SERRANO, FRANCISCO J NAME NAME STREET ADDRESS 4406 S FLORIDA AVE, STE 24 STREET ADDRESS CITY-ST-ZIP CITY:: ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FRANCISCO J. SERRANO 4-21-00 863-701-7500