## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000075587 Apr 24, 2001 8:00 am Secretary of State AMERICAN SLICK-RAIL CONVEYOR, INC. 04-24-2001 90006 011 \*\*\*150.00 Principal Place of Business Mailing Address 4406 S FLORIDA AVD 4406 S FLORIDA AV SUITE 24 SHITE 24 643240 LAKELAND FL 33813 LAKELAND FL 33813 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State . 4. FEI Number 59-3465546 Not Applicable Country Zip Country \$8.75 Additional 5. 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 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. DATE (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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **☑** Delete TITLE TITLE SERRANO, NELSON I NAME NAME 4406 S FLORIDA AV, STE 24 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Change ☐ Addition TITLE Delete TITLE SERRANO, FRANCISCO J NAME NAME 4406 S FLORIDA AVE, STE 24 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME

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 an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE: \_\_

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

NCISCO J. SERRAND 04-18-01 (863) 701-7500

☐ Delete

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