

# 2001 UNIFORM BUSINESS REPORT (UBR)

0139610 SP

**DOCUMENT # P98000018361**  
 1. Entity Name  
**INLAND VACUUM INDUSTRIES, INC.**

FILED  
 02 MAY 20 PM 3: 03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT** 01/02

Principal Place of Business      Mailing Address  
**HOWARD AVE**      **HOWARD AVE**  
**#35**      **#35**  
**CHURCHVILLE NY 14428**      **CHURCHVILLE NY 14428**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-0814666**      Not Applicable

Zip      Country      Zip      Country

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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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      **PETER F. SOUZA**      DATE  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      **ASSISTANT SECRETARY**      **5/16/02**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SALT, COWN J</b>	
STREET ADDRESS	<b>34 CARRWOOD</b>	
CITY-ST-ZIP	<b>KNUTSFORD CHESHIRE UK</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>YU, PETER</b>	
STREET ADDRESS	<b>224 RONFORD ROAD</b>	
CITY-ST-ZIP	<b>ROCHESTER NY 14626</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANGEFRIDA, CHARLES</b>	
STREET ADDRESS	<b>18 SHADYWOOD DRIVE</b>	
CITY-ST-ZIP	<b>ROCHESTER NY 14606</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SHEARD, STEPHEN P</b>	
STREET ADDRESS	<b>1 ELIZABETH CLOSE</b>	
CITY-ST-ZIP	<b>MELSALL CHESHIRE UK CW6- 0PJ</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>000005665860--2</b>	
CITY-ST-ZIP	<b>-06/03/02--01087--003</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>000005665860--2</b>	
CITY-ST-ZIP	<b>-06/03/02--01087--004</b>	
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: **PETER F. SOUZA**      **10/11/01**      **716-293-3330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CF2E034 (5/01)