

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

HOWARD AVE
#35
CHURCHVILLE NY 14428
US

Mailing Address

HOWARD AVE
#35
CHURCHVILLE NY 14428
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0814666

Applied For

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.

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP
NAME SALT, COWN J
STREET ADDRESS 34 CARRWOOD
CITY-ST-ZIP KNUITSFORD CHESHIRE UK

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000005665860--2
CITY-ST-ZIP -06/03/02--01087--003

TITLE V
NAME YU, PETER
STREET ADDRESS 224 RONFORD ROAD
CITY-ST-ZIP ROCHESTER NY 14626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000005665860--2
CITY-ST-ZIP -06/03/02--01087--004

TITLE D
NAME MANGEFRIDA, CHARLES
STREET ADDRESS 18 SHADYWOOD DRIVE
CITY-ST-ZIP ROCHESTER NY 14606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME SHEARD, STEPHEN P
STREET ADDRESS 1 ELIZABETH CLOSE
CITY-ST-ZIP MELSALL CHESHIRE UK CW6- 0PJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01

716-283-3330

Date

Daytime Phone #

CP2E034 (5/01)