

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90144 007 \*\*\*150.00

0043120

**DOCUMENT # P98000061215**

1. Entity Name  
**UNITED RUBBER & INDUSTRIAL PRODUCTS, INC.**

Principal Place of Business  
**236 TWELVE LEAGUE CIRCLE**  
**CASSELBERRY FL 32707**

Mailing Address  
**236 TWELVE LEAGUE CIRCLE**  
**CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6831 Edgewater Comm. Pkwy.</b>		3. Mailing Address <b>Suite, Apt. #, etc.</b>	
Suite, Apt. #, etc. <b>1106</b>		Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State	
Zip <b>32810</b>	Country <b>Orange</b>	Zip	Country
4. FEI Number <b>59-3533424</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>KING, WILLIAM EARL</b> <b>236 TWELVE LEAGUE CIRCLE</b> <b>CASSELBERRY FL 32707</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Lynne R. King* **Lynne R. King** **04/11/2001**  
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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>KING, WILLIAM EARL</b> <b>236 TWELVE LEAGUE CIRCLE</b> <b>CASSELBERRY FL 32707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KING, CHARLES H</b> <b>1920 HENRY STREET</b> <b>MELBOURNE FL 32904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KING, LYNNE R</b> <b>236 TWELVE LEAGUE CIRCLE</b> <b>CASSELBERRY FL 32707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CARRAWAY, ROMAN</b> <b>COCOA PLUM</b> <b>MELBOURNE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Lynne R. King* **Lynne R. King** **04/11/2001** **407-578-7799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)