

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065758

1. Entity Name

ACTUATION AND VALVE TECHNOLOGIES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90023 043 ***150.00

Principal Place of Business

Mailing Address

9416 E. SOUTHGATE DRIVE
INVERNESS FL 34450

9416 E. SOUTHGATE DRIVE
INVERNESS FL 34450-1907

2. Principal Place of Business

3029 E THOMAS ST

3. Mailing Address

3029 E THOMAS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS FL

City & State

INVERNESS FL

4. FEI Number

59-3558748

Applied For

Not Applicable

Zip

34453

Country

CITRUS

Zip

34453

Country

CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAFFNEY, KAREN O
221 WEST MAIN STREET
SUITE D
INVERNESS FL 34450

7. Name and Address of New Registered Agent

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

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS WHEELER, BRIAN J
CITY-ST-ZIP 2930 S EAGLE TER
INVERNESS FL 34450

TITLE ☐ Delete
NAME D
STREET ADDRESS WHEELER, JOHN
CITY-ST-ZIP 9416 E. SOUTHGATE DR.
INVERNESS FL 34450

TITLE ☒ Delete
NAME D
STREET ADDRESS WHEELER, DEAN J
CITY-ST-ZIP 320 TULIPIN
INVERNESS FL 34452

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MARGARET A. WHEELER
CITY-ST-ZIP 9416 E. SOUTHGATE DR.
INVERNESS, FL 34450

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN J. WHEELER 4/21/00 352-637-9280

Date

Daytime Phone #