

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085436

1. Entity Name

MARION PUMPS AND CONTROLS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90140 012 ***150.00

Principal Place of Business

Mailing Address

1001 NORTH MAGNOLIA AVE.
OCALA FL 34475

1001 NORTH MAGNOLIA AVE.
OCALA FL 34474-1910

2. Principal Place of Business

3159 SW 5TH ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OCALA FLA

City & State
Florida

4. FEI Number 59-3523215

Applied For
Not Applicable

Zip
34474

Country USA

Zip
34474

Country USA

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

HEINZ, JOHN L

1001 NORTH MAGNOLIA
OCALA FL 34474

3159 SW 5TH ST

Name
SAME

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HEINZ, JACK 1001 NORTH MAGNOLIA AVE. OCALA FL 34475	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEEDHAM, PAT 1001 NORTH MAGNOLIA AVE. OCALA FL 34475	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LASS, JONATHAN 1001 NORTH MAGNOLIA AVE. OCALA FL 34475	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONATHAN HEINZ 3159 SW 5TH ST OCALA, FL, 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHN HEINZ 3159 SW 5TH ST OCALA, FL, 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILLIAM A. NEEDHAM 3159 SW 5TH ST OCALA, FL, 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MILDRED M. HEINZ 3159 SW 5TH ST OCALA, FL, 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GEORGE ROACH 3159 SW 5TH ST OCALA, FL, 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *John Heinz* CEO JOHN HEINZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (352-732-6605)

CR2E034 (9/99)