

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000018465**

1. Entity Name

ALL STAR BLEACHERS MANUFACTURING, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 8:04

B0091006

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5502 NEW TAMPA HIGHWAY
LAKELAND FL 338156550 NEW TAMPA HIGHWAY
LAKELAND FL 33815-3148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3560486

Applied For

Not Applicable

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

MARSH, DONALD C
6550 NEW TAMPA HIGHWAY
LAKELAND FL 33815

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, DONALD C	NAME	
STREET ADDRESS	5202 COTO PLACE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, KAREN J	NAME	
STREET ADDRESS	6550 NEW TAMPA HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33815	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, K. TODD	NAME	
STREET ADDRESS	5202 COTO PLACE	STREET ADDRESS	5816 Peach Heather
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	Valrico, FL 33594
TITLE	D <input type="checkbox"/> Delete	TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, AMY L	NAME	
STREET ADDRESS	5202 COTO PLACE	STREET ADDRESS	5816 Peach Heather
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

11/14/99