2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P99000055317 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90047 012 ***150 00 MUNICIPAL AND INDUSTRIAL PUMP PARTS, INC. Principal Place of Business Mailing Address PO BOX 692 PO BOX 692 SAN ANTONIO FL 33576 SAN ANTONIO FL 33576 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3587090 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, EDDIE L Street Address (P.O. Box Number is Not Acceptable) 31748 OLD COUNTRY LN DADE CITY FL 33525 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE TITLE YOUNG, EDDIE LEE NAME NAME 31748 OLD COUNTRY LANE STREET ADDRESS STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE YOUNG, JUDY S NAME NAME 31748 OLD COUNTRY LANE STREET ADDRESS STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME BRAMLEY, KAREN L STREET ADDRESS 31748 OLD COUNTRY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33525 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

SIGNATURE:

1-04-02 352-588-3487

Date Davime Phone #

FILED