

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90500 028 \*\*\*150.00

**DOCUMENT # P99000088442**

1. Entity Name

**CORROSION CONTROL CONSULTANTS & INSPECTION, INC.**

**80058623**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1690 S.E. GREEN ACRES CIRCLE  
 PORT ST. LUCIE FL 34952**

**POST OFFICE BOX 12435  
 FORT PIERCE FL 34979**

2. Principal Place of Business

**1035 S.W. AURELIA AVE.**

3. Mailing Address

**1035 SW. Aurelia Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST. LUCIE, FL.**

City & State

**PORT ST. LUCIE, FL.**

Zip

**34953**

Country

**US**

Zip

**34953**

Country

**US**

4. FEI Number

**65-0952522**

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

**STONE, RAYMOND C**

~~1690 S.E. GREEN ACRES CIRCLE~~ **1035 S.W. AURELIA AVE.**

~~PORT ST. LUCIE FL 34952~~ **PORT ST. LUCIE, FL.**

**34953**

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.

**RAYMOND C. STONE**

(NOTE: Registered Agent signature required when reinstating)

**04/28/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!**

**After MAY 1, 2001**

**Make Check Payable to Department of State**

**FEE IS \$150.00**

**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 **SV** ☐ Delete  
 NAME **TINKLENBERG, GARY L**  
 STREET ADDRESS **3639 OAK MEADOW LANE**  
 CITY-ST-ZIP **LOWELL MI 49331**

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

TITLE **P** ☐ Delete  
 NAME **STONE, RAYMOND C**  
 STREET ADDRESS **1690 S.E. GREEN ACRES CIRCLE**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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

TITLE **V** ☐ Delete  
 NAME **SMITH, LLOYD M**  
 STREET ADDRESS **1690 S.E. GREEN ACRES CIRCLE**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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

TITLE **S** ☐ Delete  
 NAME **Judith M. Stone**  
 STREET ADDRESS **1035 S.W. Aurelia Ave**  
 CITY-ST-ZIP **Port St. Lucie, FL 34953**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAYMOND C. STONE**

**X 04/28/01**

Date

**561-340-2303**

Daytime Phone #

CR2E034 (10/00)