

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90204 027 \*\*\*150.00

**DOCUMENT # S04815**

1. Entity Name  
**FLORIDA BELTING COMPANY**

Principal Place of Business  
**11398 SPACE BLVD.**  
**ORLANDO FL 32837**  
**US**

Mailing Address  
**560 EDGEWOOD AVE. NE**  
**ATLANTA GA 30312**  
**US**

**00000000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-0145290**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEE, LINDA**  
**11398 SPACE BLVD.**  
**ORLANDO FL 32837**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>C</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KEY, ERNEST D., JR.</b>               | NAME  |   |
| STREET ADDRESS             | <b>560 EDGEWOOD AVENUE, N.E</b>          | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ATLANTA GA</b>                        | CITY-ST-ZIP   |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KEY, TERESA M</b>                     | NAME  |   |
| STREET ADDRESS             | <b>560 EDGEWOOD AVE., N.E.</b>           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ATLANTA GA</b>                        | CITY-ST-ZIP   |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KEY, TERESA M</b>                     | NAME  |   |
| STREET ADDRESS             | <b>560 EDGEWOOD AVE. N.E.</b>            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ATLANTA GA</b>                        | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BEARD, JAMES L.</b>                   | NAME  |   |
| STREET ADDRESS             | <b>560 EDGEWOOD AVE., N.E.</b>           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ATLANTA GA</b>                        | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BREEN, WILLIAM H., JR.</b>            | NAME  |   |
| STREET ADDRESS             | <b>108 E. PONCE DE LEON AVE</b>          | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DECATUR GA</b>                        | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MAIER, FRANK, JR.</b>                 | NAME  |   |
| STREET ADDRESS             | <b>3225 PEACHTREE ROAD</b>               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ATLANTA GA</b>                        | 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

5 Sept 01

404  
 688 0985  
Daytime Phone #

CR2E034 (5/01)

# Atlanta Belting Company



560 EDGEWOOD AVE., N.E. • ATLANTA, GEORGIA 30312  
TEL. (404) 688-1483 • (800) 241-5780 • FAX (404) 688-3618

Attachment  
DH#804815  
A0085423

• FLORIDA BELTING COMPANY  
ORLANDO, FL

• PIEDMONT BELTING COMPANY  
KERNERSVILLE, NC

• ATLANTA BELTING COMPANY  
ATLANTA, GA

• TENNESSEE BELTING COMPANY  
MEMPHIS, TN

• ABCO PLASTICS  
TUCKER, GA

September 4, 2001

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Reference: Document # S04815

Dear Sir or Madam,

In the process of completing the 2001 Uniform Business Report for the above referenced document, it came to my attention that the form I was completing was a follow up to a form, which was originally due May 1, 2001.

We have always filed our Business Reports in a timely manner. The only explanation we can offer for the lateness this year is that we did not receive the original forms due May, 1, 2001.

I apologize for our tardiness. The completed form, along with the original fee of \$150.00 is enclosed.

I'm requesting that the late fee of \$400.00 be waived since we apparently did not receive the original form.

Thank you for your consideration.

Sincerely,

W.N. Schomaker, III  
Controller