

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90131 042 \*\*\*158.75

**DOCUMENT # F98000003636**

1. Entity Name  
**TANK PRO, INC.**

Principal Place of Business  
**3411 KENDALL STREET  
 NORTHPORT AL 35473**

Mailing Address  
**3411 KENDALL STREET  
 NORTHPORT AL 35473-1307**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number **56-2020359**

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**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (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	CP	<input type="checkbox"/> Delete
NAME	STEARMAN, PHILLIP C	
STREET ADDRESS	3411 KENDALL STREET	
CITY-ST-ZIP	NORTHPORT AL 35473	
TITLE	VC	<input type="checkbox"/> Delete
NAME	STEARMAN, JOHN A	
STREET ADDRESS	NORTH MAIN WARRENTON	
CITY-ST-ZIP	NORTH CAROLINA NC 27589	
TITLE	DST	<input type="checkbox"/> Delete
NAME	STEARMAN, BRENDA C	
STREET ADDRESS	NORTH MAIN WARRENTON	
CITY-ST-ZIP	WARRENTON NC 27589	
TITLE	DAST	<input type="checkbox"/> Delete
NAME	STEARMAN, TRACI A	
STREET ADDRESS	3411 KENDALL STREET	
CITY-ST-ZIP	NORTHPORT AL 35473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/20/2000** Daytime Phone #: **(205) 339-1814**

CR2E034 (9/99)