

(R)

DOCUMENT # 586791

1. Entity Name

B & D MACHINE AND TOOL, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 1720 MAIN ST NE UNIT 3 PALM BAY FL 32905 US | Mailing Address 1720 MAIN ST. NE UNIT 3 PALM BAY FL 32905-3427 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 2. Principal Place of Business 1720 MAIN ST NE | 3. Mailing Address 1720 MAIN ST NE |
|---|---------------------------------------|

| | |
|--------------------------------|--------------------------------|
| Suite, Apt. #, etc. UNIT #3 | Suite, Apt. #, etc. UNIT #3 |
|--------------------------------|--------------------------------|

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|----------------------------------|-----------------------------------|-----------------------------|-------------------------------|
| City & State PALM BAY FLORIDA | City & State PALM BAY, FLORIDA | 4. FEI Number 59-1879875 | Applied For Not Applicable |
|----------------------------------|-----------------------------------|-----------------------------|-------------------------------|

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|--------------|--------------------|--------------|--------------------|---|
| Zip 32905 | Country BREVARD | Zip 32905 | Country BREVARD | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|--------------|--------------------|--------------|--------------------|---|

6. Name and Address of Current Registered Agent

ANZENGRUBER, DUARD
1954 MADISON AVENUE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

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: *Duard Anzengruber* 01-05-00

Signature, typed or printed name of registered agent and title, if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP | PO ANZENGRUBER, DUARD 1954 MADISON AVENUE MELBOURNE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTO ANZENGRUBER, NORMA JEAN 1954 MADISON AVE MELBOURNE FL 32935 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COLLINS, TRACY 304 CORNELL AVE MELBOURNE FL 32901 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 207, 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 lines signed.

SIGNATURE: *Duard Anzengruber* 02/24/00 321-727-0098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

pd 01/05-00