

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90161 013 ***158.75

0079226

DOCUMENT # 586791

1. Entity Name

B & D MACHINE AND TOOL, INC.

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
 US

2. Principal Place of Business

B & D MACHINE & TOOL

3. Mailing Address

1720 MAIN ST NE

Suite, Apt. #, etc.
UNIT #3

Suite, Apt. #, etc.

City & State
PALM BAY, FL

City & State

4. FEI Number **59-1879875**

Applied For
 Not Applicable

Zip
32905

Country
BREVARD

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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
SAME
 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**

Signature, typed or printed name of registered agent and title if applicable.

D Anzengruber

(NOTE: Registered Agent signature required when reinstating)

DATE

01/12/01

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, 2001 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	PD ANZENGRUBER, DUARD 1954 MADISON AVENUE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER COLLINS, TRACY 436 PICASSO AVE NE PALM BAY, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: **NORMA JEAN ANZENGRUBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma Jean Anzengruber 01/12/01 321-717-0098

Date

Daytime Phone #

CR2E034 (10/00)